2017

Annual Report

SERVING: LINCOLN, LYON, MURRAY, PIPESTONE, REDWOOD, AND ROCK COUNTIES

SOUTHWEST
HEALTH & HUMAN
SERVICES

Published 9/19/2018

CONTENTS

Contents 1
Message from the Director 5
Mission Statement 6
Guiding Principles 6
Role of Government 6
Southwest Health and Human Services Structure and Governance 6
Our Partners 7
2017 Major Projects/Highlights 7
Performance Management and Quality Improvement 8
Strategic Plan 8
Human Services Division 10
- Social Services Intake 10
- Adult Services 12
  - Adult Mental Health 12
  - Vulnerable Adult/Adult Protection 15
- Chemical Dependency 17

Human Services Joint Units 19
- MNCHOICES 19

Long Term Supports and Services 19
- Managed Care Coordination Services 19
- Aging Services for People Over the Age of 65 21
  - Elderly Waiver (EW) 21
  - Alternative Care (AC) Program 21
  - Consumer Directed Community Supports (CDCS) for EW and AC 22
- Developmental Disabilities and Disabled Under 65 Years of Age 24
  - Rule 185 Case Management 25
  - Developmental Disabilities (DD) Waiver 25
  - Semi-Independent Living Services 25
  - Family Support Grant 25
  - Consumer Support Grant 25
  - Community Access to Disability Inclusion (CADI) 25
  - Brain Injury (BI) Waiver 26

Community Alternative Care (CAC) 26
Relocation Service Coordination 26
Children's and Family Services 28
Child Welfare 28
Children's Mental Health 32
Child Protection 35
Licensing 39
Family Childcare Licensing 39
Family Child Foster Care Licensing 41
Traditional Adult Foster Care/Corporate Foster Care for Adults & Children 42
Child Support 43
Financial Assistance or Income Maintenance 46
Cash Assistance 47
Diversion Work Program (DWP) 47
General Assistance (GA) 47
Housing Support (HS) 48
IV-E Foster Care 48
Refugee Cash Assistance (RCA) 48
Child Care Assistance Programs (CCAP) 48
Emergency Assistance County Crisis Funds (CCF) 48
County Burial 48
Health Care Programs 49
Minnesota Family Investment Program (MFIP) 49
Medical Assistance (MA) and MNSure 49
Transportation Coordination 50
Minnesota Care (MNCare) 50
Food Programs 50
Supplemental Nutrition Assistance Program (SNAP) 50
Emergency Programs 50
Emergency General Assistance (EGA) 50
Emergency Medical Assistance (EMA) 51
Welfare Fraud 51
Public Health Division 53

Areas of Public Health Responsibility 53
Assure an Adequate Local Public Health Infrastructure 53
Promote Healthy Communities and Healthy Behaviors 56
Prevent the Spread of Infectious Disease 68
Protect Against Environmental Health Hazards 72
Prepare for and Respond to Disasters, and Assist Communities in Recovery 79
Assure the Quality and Accessibility of Health Services 80
Business Services 85
Fiscal Services 85
Human Resources 89
Information Technology 91
Office Support 92
References 93
Appendix A: 96
SWOC Analysis 99
Strengths: 99
Weaknesses: 99
Opportunities: 99
Challenges: 99
Mission, Vision and Values Statements 100
Mission 100
Guiding Principles/Values 100
Respect 100
Honesty 100
Trust 100
Communication 100
Teamwork 101
Flexibility 101
Vision 101
Vision Elements 101
Strategic Priorities 102
Implementation and Communication of Plan 103
Linkages 103

Utilization of the Strategic Plan 103
Apendix B 104

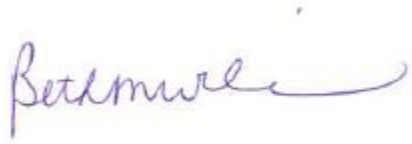
MESSAGE FROM THE DIRECTOR

Southwest Health and Human Services (SWHHS) is pleased to present its 2017 Annual Report. The purpose of this report is to provide communities with an overview of the work being completed by staff and highlight the good things we see and the trends within the profession. We continue to focus on our mission to serve the community and to respond to challenges in a caring, professional, and fiscally responsible manner.

2017 was a year of transition, new beginnings, continuous improvement, and sustained excellence. It was an amazing year and the successes experienced were due in large part to the amazing staff. They continue to be engaged, caring, compassionate, and passionate about the services they provide to the residents within the communities of Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties. The dedicated work of the staff continues to help improve the wellbeing and safety of individuals and families within the six counties served by SWHHS.

I am proud to present this annual report and share the work of SWHHS. If you would like more information about services and resources, please visit our website at www.swmhhs.com, or call us directly at 507-537-6713. We always welcome opportunities for partnerships and improvement.

Sincerely,



Beth M. Wilms
Director

MISSION STATEMENT

Southwest Health and Human Services (SWHHS) is a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring, and cost-effective manner.

GUIDING PRINCIPLES

RESPECT

We treat people with dignity and consideration, and we listen openly to integrate a variety of perspectives and create environments that foster trust.

HONESTY

We are truthful and responsible in our interactions with the public and each other. We demonstrate compassion, acceptance, and will safeguard dignity and confidentiality.

TRUST

We are people of character and integrity who keep our word and honor our commitments, resulting in a safe environment for staff and clients.

COMMUNICATION

We engage in timely, responsive, effective, and open information sharing to improve our work and maintain our reputation as a trusted source for program and service delivery.

TEAMWORK

We are committed to common goals based on open and honest communication while showing concern and support for each other.

FLEXIBILITY

We are an organization willing to learn, create innovative ideas, and adapt to the ever-changing environment while striving for a healthy work-life balance.

ROLE OF GOVERNMENT

Southwest Health and Human Services provides critical services in our local communities, which assist people in need and provide a safety net for our most vulnerable citizens. SWHHS protects vulnerable populations, expends public funds, is accountable to taxpayers, and provides infrastructure and oversight of the private sector expending public funds.

SOUTHWEST HEALTH AND HUMAN SERVICES STRUCTURE AND GOVERNANCE

Southwest Health and Human Services is a joint-powered human services and public health agency covering Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties in southwest

Minnesota. The agency has six offices and employs 247 staff. The offices are located in Ivanhoe, Marshall, Slayton, Pipestone, Redwood Falls, and Luverne.

SWHHS-Lincoln County
319 N Rebecca St.
PO Box 44
Ivanhoe, MN 56142

SWHHS-Lyon County
607 West Main St
Marshall, MN 56258

SWHHS-Murray County
3001 Maple Road Suite 100
Slayton, MN 56172

SWHHS-Pipestone County
1091 N Hiawatha Avenue
Pipestone, MN 56164

SWHHS-Redwood County
266 E Bridge St
Redwood Falls, MN 56283

SWHHS-Rock County
2 Roundwind Rd
Luverne, MN 56156

SWHHS provides essential services designed to protect and enhance the health and well-being of our six-county residents, especially our most vulnerable populations. The agency is made up of three key departments: Business Services, Social Services, and Public Health. Each of these departments play an important role in providing effective health and human services.

The Governing Board consists of two appointed County Commissioners from each of the member counties and by Minnesota statute, have responsibility for the development of an affordable system of care for all residents, especially, uninsured or underinsured children, families, and adults. The Human Services Governing Board has one layperson from each county whom serves on the board.

OUR PARTNERS

Our partners include individuals and families who are in need, health care providers, schools, community agencies, charitable organizations, federal, state, county, and city government, and other individuals, businesses, and agencies both in and outside of our geographic region.

2017 MAJOR PROJECTS/HIGHLIGHTS

- Southwest Health and Human Services welcomed Beth Wilms as the new Director of the agency. Wilms came from Winona County as the Community Services Director where she oversaw Public Health, Human Services and Veterans Services.
- The SWHHS Joint-Powers Board developed and adapted Bylaws for the overall function and organization of the six-county board.
- With a major emphasis on financial health, the agency conducted a deep dive to look at ways to improve efficiencies and increase revenues.
- In May 2017, 22 of SWHHS's staff began their nine-month journey in leadership development as part of the Skill Enhancement and Employee Development (SEED) Program. This was done in collaboration with the University Of Minnesota Extension Center for Community Vitality.
- The agency's newest Strategic Plan was approved in February 2017. This was created through a comprehensive planning process with staff and board members. The Minnesota Department of Health (MDH) provided technical assistance.

- Agency staff participated in the Active Shooter Response Training, ALICE. ALICE stands for Alert, Lockdown, Inform, Counter, Evacuate.
- Within SWHHS, Adult Social Services created the MnCHOICES Unit, which helped streamline the processes for improved service delivery.
- The Lyon County Children's Welfare Unit moved into a new space on the first floor of the Government Center. This allowed the unit to be housed in the same location and provided space for programmatic functions under the same roof.
- The agency launched a comprehensive Performance Management System, which includes overall agency and unit-specific measures.

PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT

In 2012, SWHHS staff started a Quality Council. The Council was created to help promote and create a culture focused on quality improvement. In 2016, through Public Health accreditation work and the Minnesota Department of Health's direction on quality improvement, the agency began the process of developing a performance management system. This new system changed the current process for quality improvement and created a foundation to guide quality improvement projects for the agency.

In October 2017, key staff from multiple disciplines met to develop performance measures. The performance measures staff will be monitoring for 2018 include:

- Monthly Cash Balance
- Time Reporting
- Staff Turnover
- Child Support Collection Rate
- Child Protection- Percent of children with Repeat Maltreatment
- Public Health- Health Alert Network (HAN) Response Rate
- Supplemental Nutrition Assistance Program (SNAP) Timeliness for 30 Day and Expedited Processing
- Adult-Protection Percent of Adults without Repeat Maltreatment

Along with these Agency developed measures, the Minnesota Department of Health (MDH) also requires public health to monitor progress on the Agency's Community Health Improvement Plan (CHIP). The Minnesota Department of Human Services (DHS) also has performance measures for the agency's performance in specific program areas.

STRATEGIC PLAN

In 2016, SWHHS staff began work on a new strategic plan, which was approved in 2017. In preparation for developing the strategic plan, staff were asked to participate in listing what they felt were the agencies' strengths, weaknesses, opportunities and threats.

Staff also voted on an updated mission statement and left the current mission statement in place.

Mission: Southwest Health and Human Services (SWHHS) is a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring, and cost-effective manner.

Guiding principles and values were also developed to guide SWHHS's work. Staff were asked to list values they thought guided SWHHS work. The top six values chosen in the exercise were:

- Respect
- Honesty
- Trust
- Communication
- Teamwork
- Flexibility

Vision elements were also developed around this question: "Keeping in mind the assessment conclusions and mission, what does SWHHS envision within the community and/or organization as a result of the work in the next 3-5 years?" The top main vision elements that came out of staff discussions included:

- Employer of Choice
- Focus on Prevention
- Top Notch staff
- Strong Community Collaboration
- Financially Stable
- Agency of Excellence
- Well Rounded Communication
- Robust/Leading Edge Technology
- Cutting-Edge Service Delivery

Based on the work outlined above, the following areas were identified to address during the next strategic planning cycle:

- Enhance Staff Training
- Advance Organizational Culture
- Enrich Prevention Services
- Maximize Agency Revenue
- Communication

A multi-point plan was developed around each of the five strategies. More information is available in the 2017-2020 SWHHS Strategic Plan: Appendix A.

HUMAN SERVICES DIVISION

In partnership with local service providers, regional, state, and federal partners, SWHHS provides a wide range of programs and services, which fall under the Human Services Division. These include providing safety and protection to the most vulnerable children and adults, providing care for addictions and mental health, enabling people in southwest Minnesota to live independently and have self-sufficiency. The Minnesota Legislature and Minnesota Department of Human Services (DHS) set state policy and oversee the human services system while Minnesota Statute Chapter 393.01 through 393.13 defines duties of local social services agencies. Ongoing federal and state program changes and funding cuts, in addition to the increasing complexity of clients' situations make service delivery more challenging in rural Minnesota.

SOCIAL SERVICES INTAKE

Intake Example

A mother moving to our six county region who is fleeing a domestic abuse situation with her two children calls SWHHS intake line. One child has a disability. The intake worker offers services the agency has for her and her family. Some of these may include children's mental health, parent support outreach program, MNChoices assessment and access to public assistance. She would also be provided information on community services such as domestic violence services, crime victim services, housing information, and area schools. Guidance would also be provided on application processes or information on where to find the application online if necessary.

Intake social workers answer phone calls and meet with people who come to the agency seeking help for themselves, family members, or community members, whom they believe are being abused, neglected or are at risk.

Child and adult services both have one primary intake worker. Back-up workers are scheduled during business hours to ensure community members will always be served in a short time.

Why is it important?

Intake social workers work with individuals to sort out what kind of help they are looking for, identify strengths of the client, and the best resource for them. Staff will, when appropriate; assist the individual to connect to those resources. This position provides early access, which promotes better outcomes for the client and community as a whole.

The public policy of Minnesota is to protect children and vulnerable adults whose health or welfare may be jeopardized through physical abuse, emotional abuse, neglect, or sexual abuse. Concerned individuals calling in reports of possible abuse or neglect allow SWHHS to intervene, assess risk, and work towards greater safety.

What is the county's role?

Sometimes, services through SWHHS are the most appropriate for the client. The majority of the vulnerable adult reports are reported through the centralized intake at DHS, called Minnesota Adult Abuse Reporting Center (MAARC). When SWHHS is the lead investigative agency, the reports are screened locally. For child protection or vulnerable adult reports, the intake workers meet daily with the screening team to process and make screening decisions on whether or not an investigation/assessment is warranted.

When there is identifying information, all intakes are to be documented in the Social Services Information System (SSIS). The agency does receive several calls, which involve researching, providing options for resources, and listening to concerns during which the caller does not provide identifying information. These calls would not be included in the numbers listed in SSIS. Intake contact information is retained according to the appropriate retention schedule.

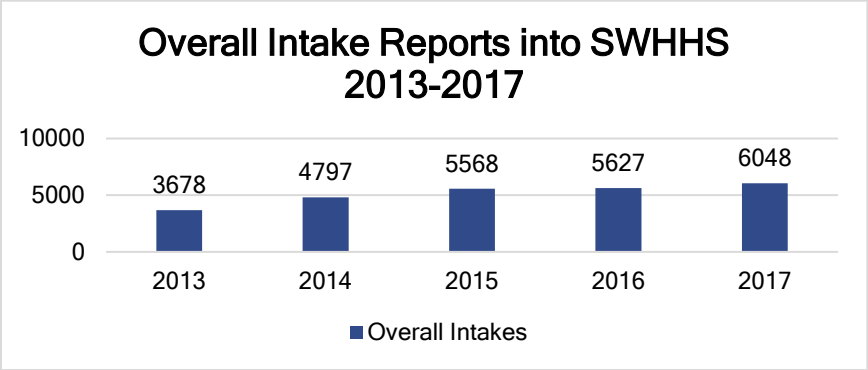
Trends

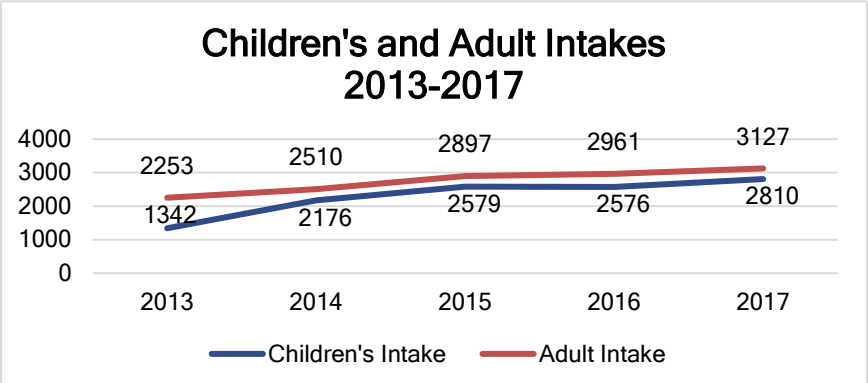
Following the implementation of the Governor's Task Force on Child Protection and the MnCHOICES assessment in the past few years, SWHHS has seen an increase in referrals for services in both adult and children's program areas. Community members, concerned citizens, and local providers are more aware of the need to report, along with the services available in the region.

The agency is also seeing an increased prevalence of chemical dependency, mental health, and aging related referrals for SWHHS and community services.

How are we doing?

Since 2013, SWHHS has seen an overall increase in the number of intakes coming into the agency. Licensing intakes, which are included in the overall intake count, have stayed stable. There has been a steady increase in children's and adult intakes. Program changes at the state level have influenced the number of children and adult intakes to increase locally. SWHHS anticipates this trend to continue into the future.





ADULT MENTAL HEALTH

Individuals diagnosed with severe and persistent mental illness are at a greater risk of being unemployed and becoming homeless. These added challenges increase the stress level and often contribute to a cycle of increased symptoms and decreased coping skills. Adults with mental disease may need assistance finding appropriate medical treatment and support services to help manage their illness.

Why is it important?

Early intervention to assist adults with mental illness will allow them to maintain or regain self-sufficiency with the appropriate levels of support. The financial cost of unemployment, homelessness, and medical care far exceeds the cost of preventative support services. The emotional cost to individuals and their families is devastating.

What is the county's role?

As the local mental health authority, the county, which is administered through SWHHS, is responsible for developing a network of services for adults. The Adult Mental Health Program (AMH) provides services to support adults who suffer from serious mental illness. The goal of the program is to assist adults diagnosed with mental illness to manage their disease and live successfully in the community.

Something Good

Local Advisory Council has been rejuvenated as SWHHS staff coordinate the group, with active participation from service clients and providers alike.

SWHHS Adult Mental Health (AMH) unit is actively meeting with staff from Western and Southwestern Mental Health Centers on a quarterly basis to continue coordination and ongoing working relationships necessary in the AMH system.

SWHHS is actively involved with the 18 County Southwest Minnesota Adult Mental Health Consortium. The consortium is working to recruit a consultant to formulate a plan to fill the gap of crisis services delivery system in the region.

Minnesota Statute Chapter 245.462 identifies the requirements for Rule 79 Case Management Service eligibility. The person must be diagnosed by a mental health professional with a serious and persistent mental illness. Case managers are required to complete a functional assessment with the client. This process helps identify mental health needs and strengths of the individual, while assisting the client in developing goals to move towards recovery and maintain positive mental health. The case manager makes referrals to providers, and when the client is in crisis, help them find a safe place until it passes. Case managers are advocates for clients and work to ensure the clients are able to live their lives as independently as possible.

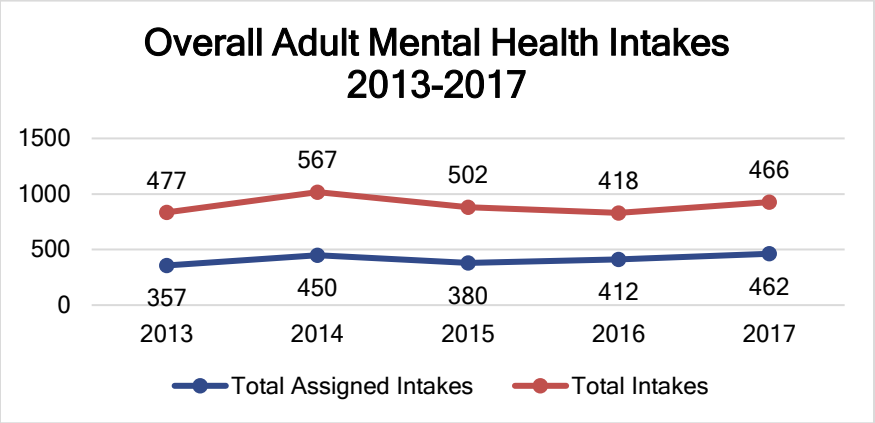
Trends

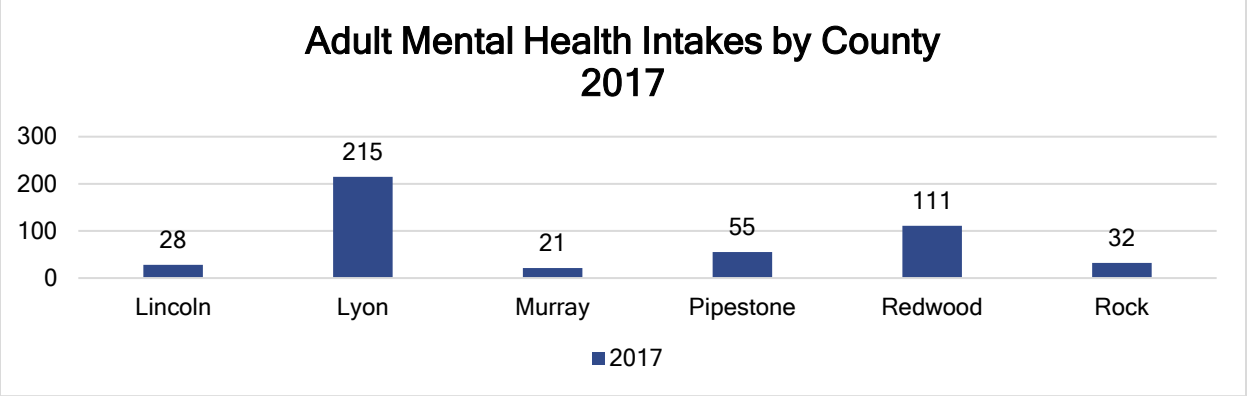
SWHHS continued to see a trend where the state shifted costs of mental health treatment to the counties in 2017. In 2015, new legislation required Minnesota counties to be responsible for 100 percent of the cost of the care at the Anoka Residential Treatment Center (ARTC) for a client who no longer needs a hospital level of care. Since 2016, Community Behavioral Health Hospitals (CBHH) and Competency Restoration Services (CPS) have been added to the list of services counties are responsible for 100 percent of the cost of care. This occurs when a person with legal concerns is committed via Rule 20.01 or Rule 20.02 assessment and not able to participate in their own defense along with determination of "No Longer Meets Criteria" to be in that residential setting. These changes are critical issues for counties as there may not be an appropriate community placement option available for days or weeks after this determination. Waiting lists have increased for a number of resources, not only residential care but also community-based services including Anoka Metro and Adult Rehabilitative Mental Health Services (ARHMS). Workforce concerns continue to be an issue within each of these areas.

The state is working on case management reform, which will impact how SWHHS staff deliver services and may change the funding structure in the future. The intent is to streamline case management service delivery and provide consistency across the state. SWHHS continues to wait for a final recommendation and implementation of this reform.

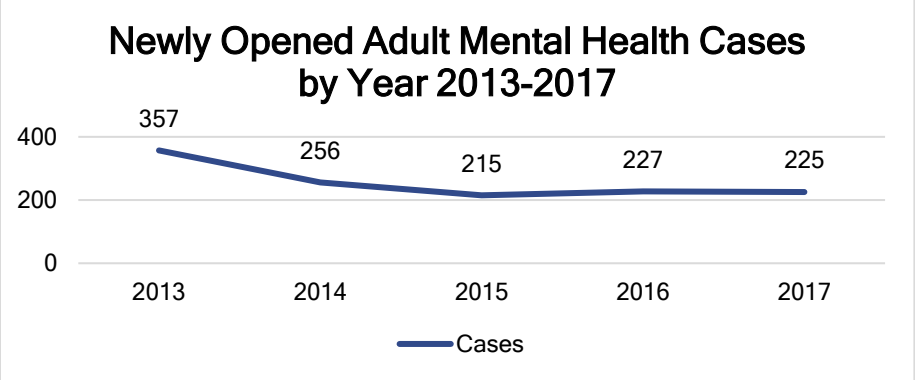
How are we doing?

From 2013 through 2015, the AMH unit experienced an increase in turnover, which affected some of the data listed in the intakes and newly opened cases.





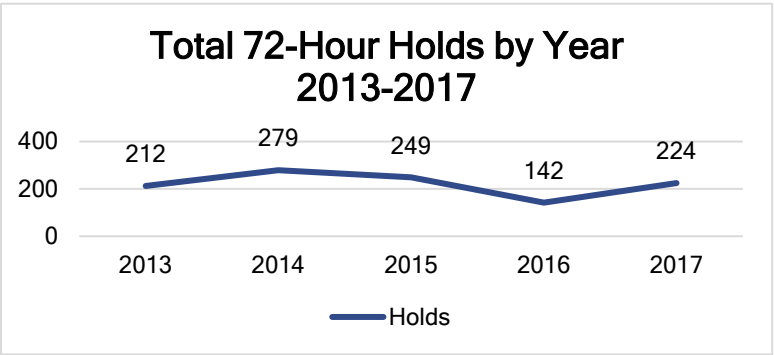
During the first three years of SWHHS, staff provided services to those eligible and ineligible for Adult Mental Health-Targeted Case Management (AMH-TCM). Since 2016, several programs in the community either have enhanced services or have begun to cover the need of those not meeting AMH-TCM eligibility. The agency saw a decrease in numbers in 2016 as referrals increased to the new Behavioral Health Homes and Southern Prairie Community Care service in the region. SWHHS also found a method to track usage of Community Support Program utilizers through the mental health centers, which further assisted in reducing some numbers. In 2017, Lyon and Redwood Counties had the greatest number of adult mental health intakes.

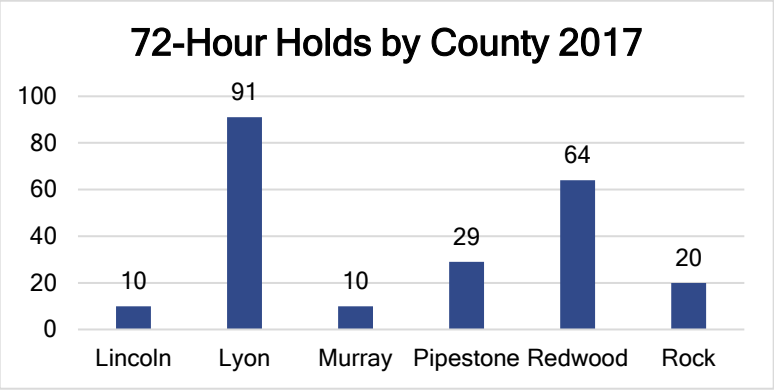


The prepetition screening program provides an impartial and in-depth clinical assessment of a person who is at risk of being committed, based on mental illness, chemical dependency, or developmental disabilities. Guided by state law, the prepetition screening team must conduct a thorough investigation of the proposed patient's situation before any petition for commitment is filed. The team includes staff from multidisciplinary backgrounds, including chemical health counselors, psychiatric social workers, clinical psychologists, and registered nurses. In 2017, SWHHS conducted 37 prepetition screenings.

Minnesota Statute Chapter 253B, subd 2 gives law enforcement and medical facilities the ability to hold a person against his or her will based upon a mental health or chemical health emergency, also known as 72-hour hold. Persons are often placed into a detoxification process to remove alcohol or drugs from their system.

SWHHS had 224 72-Hour Holds in 2017, which was an increase from 2016's 142 total holds. In 2017, Lyon, Redwood, and Pipestone counties had the highest number of holds in the six-county region.





VULNERABLE ADULT/ADULT PROTECTION

A vulnerable adult is any person who lacks the absolute *most basic* (as distinct from mid-level or typical level) human life skills. An adult with disabilities or elderly are unable, rather than unwilling, to properly learn or properly maintain these skill. To be classed as vulnerable, the adult's circumstances must be unable to be altered or improved by the adult's own individual actions without direct assistance from a more typical adult. The vulnerable adult must also be shown to be, on some significant level, a risk to him or herself if assistance is not provided.

Why is it important?

Abuse, neglect, or financial exploitation of the elderly or disabled, who do not have the resources to protect themselves, is not acceptable. SWHHS strives to ensure safe environments, protect the health, welfare, and resources of vulnerable citizens, allowing them to continue living in the community at the highest level of independence and self-sufficiency.

What is the county's role?

The Adult Protection Services (APS) team investigates allegations of abuse, neglect, and financial exploitation of elderly or disabled individuals. In addition, the program assesses case needs for the elderly and disabled in the community and coordinates services to ensure safety and prevent nursing home placements. The goal of the program is to ensure vulnerable adults live in safe environments.

Adult Protection Services attempt to identify and prevent maltreatment of vulnerable adults. The types of maltreatment include areas of abuse (physical, emotional, and sexual), caregiver or self-neglect, and financial exploitation. Minnesota has a centralized system for reporting suspected maltreatment of a vulnerable adult called the Minnesota Adult Abuse Reporting Center (MAARC). This statewide common entry point is available 24/7 and is open to the public by calling the toll-free number 1-844-880-1579. In addition, mandated reports can be made through a website portal at https://tnt09.agileapps.dhs.state.mn.us/networking/sites/880862836/MAARC . MAARC then submits the reports to the lead investigative agencies. For communities in Minnesota, the lead investigative agencies are the human services agency and law enforcement of the county where the vulnerable adult resides. The county is then responsible for the screening decisions and investigative process.

Something Good

Adult Protection Teams have been developed in all six counties with participants from law enforcement, county attorneys, hospital staff, nursing home staff, emergency personal, and group home facility staff. These meetings include updates to Minnesota Adult Abuse Reporting Center, educational opportunities and case review.

The unit developed a daily team intake routine to review all new adult protection services intakes received to determine screening determinations, evaluate for emergency and referrals needed.

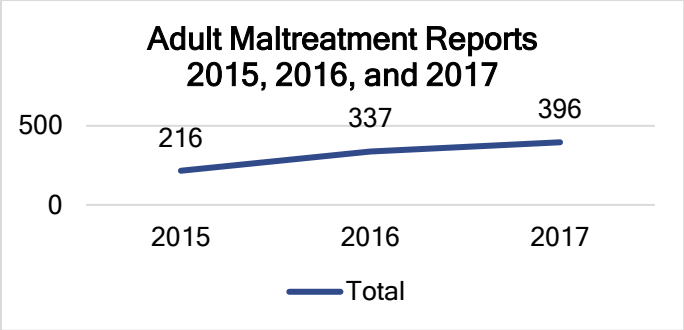
Trends

MAARC started in July of 2015. The biggest difficulty with MAARC has been limited details in the reports, which hinders the lead agency in making informed decisions when screening. The result is increased time spent to gather more information to make an informed decision. MAARC continues to train human services staff and SWHHS educates mandated reporters, which helps the system improve. DHS updated the Structured Decision Making (SDM) tools, which are now located in Social Service Information System (SSIS). SDM assessment tools completed in SSIS help determine initial screening determination and response priority as well as Initial Safety Assessments (ISA) and Strength and Needs Evaluations (SNE). SDM promotes safety of the vulnerable adult population, reduces maltreatment, creates documentation of decision making by the adult protection team, and is required for all counties.

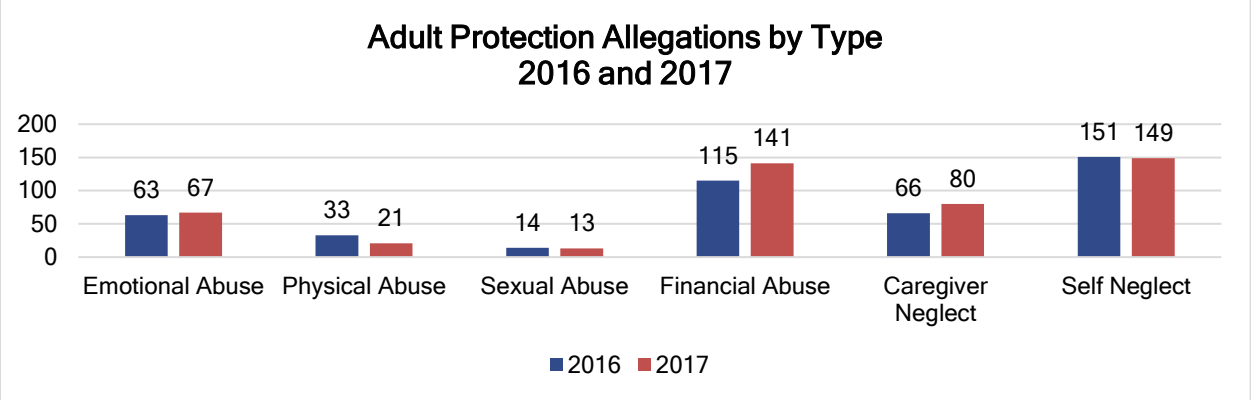
How are we doing?

Starting in 2016, SWHHS began receiving DHS Adult Protection Dashboard reports. This dashboard shows the number and type of allegations of suspected abuse, neglect, and financial exploitations of a vulnerable adult referred to the agency responsible to respond (total allegations includes duplicated allegations for reports referred to more than one agency). Every allegation reported to MAARC is referred to the agency responsible to respond. A single report may contain multiple allegations, which may be referred to several agencies such as county adult protection agencies, the Minnesota Department of Health-Office of Health Facility Complaints, the Minnesota Department of Human Services-Licensing Division, law enforcement, etc.

With the new MAARC Reporting Center, SWHHS has seen an increase in adult maltreatment report numbers over the past three years. Statewide report numbers are also increasing.



SWHHS has witnessed an increase in the overall number of adult protection allegations reported through MAARC. By type, financial abuse allegations jumped the greatest from 115 in 2016 to 141 in 2017.



CHEMICAL DEPENDENCY

Chemical dependency is a primary disease, which happens when a person becomes addicted to alcohol or drugs. There are multiple factors, which influence how a person progresses in the disease path such as genetics, psychosocial, environment, and community. People with chemical dependency continue to use drug or alcohol, even knowing that continued use causes damages to their bodies, families, finances, and all other aspects of life. This is *not* because they want to destroy their lives; most chemically dependent people want to stop using, but simply cannot. (1)

Why is it important?

Individuals with untreated chemical dependency may lose their employment, deplete their financial resources, and even engage in criminal behavior to support their habit. Without assistance, many families are not able to intervene in the cycle of self-destruction caused by uncontrolled chemical use. Timely and appropriate intervention can prevent loss of jobs, housing, family support, and possible incarceration or even death.

What is the county's role?

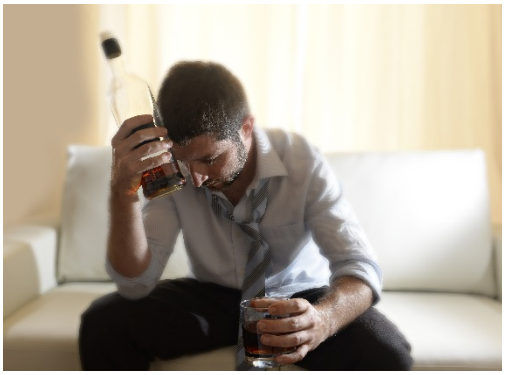
The chemical dependency unit manages an earmarked fund to provide treatment for income eligible individuals. Staff provide chemical dependency assessments, referrals to the appropriate treatment resources, and follow-up community integration services. The goal of the program is for individuals to manage their chemical use successfully so that it does not interfere with community living. SWHHS determines eligibility for consolidated treatment funding based on assessment and income.

Minnesota Statute Chapter 254B and Rule 24/25 governs the county's role in completing Chemical Use Assessments and Treatment for persons who meet income guidelines. The request for the Chemical Use Assessment and Treatment may involve a court action in which the assessment and treatment are court ordered or it may involve a person voluntarily seeking Chemical Use Assessment and Treatment funding, if eligible.

Something Good

SWHHS staff of seasoned workers, who have been together as a team for five years, continue to provide high quality assessments as people need them. Three of SWHHS assessors are Licensed Alcohol and Drug Counselors (LADC), two are Rule 25 Certified Chemical Dependency Assessors, and one contracted staff out of Rock County is a LADC.

SWHHS team offers Circle of Hope in Lyon County. Circle of Hope provides a community and strength based process to enhance the ability of persons in recovery to safely return to their community upon completion of treatment services and create a vision for a healthy future. Acting through the Circle, community members, those in recovery, and their families/support persons play an equal role in encouraging and empowering persons in recovery to identify and enhance their strengths while finding solutions. The Circle balances support with accountability for those in recovery to maintain sobriety and assist them in making amends.



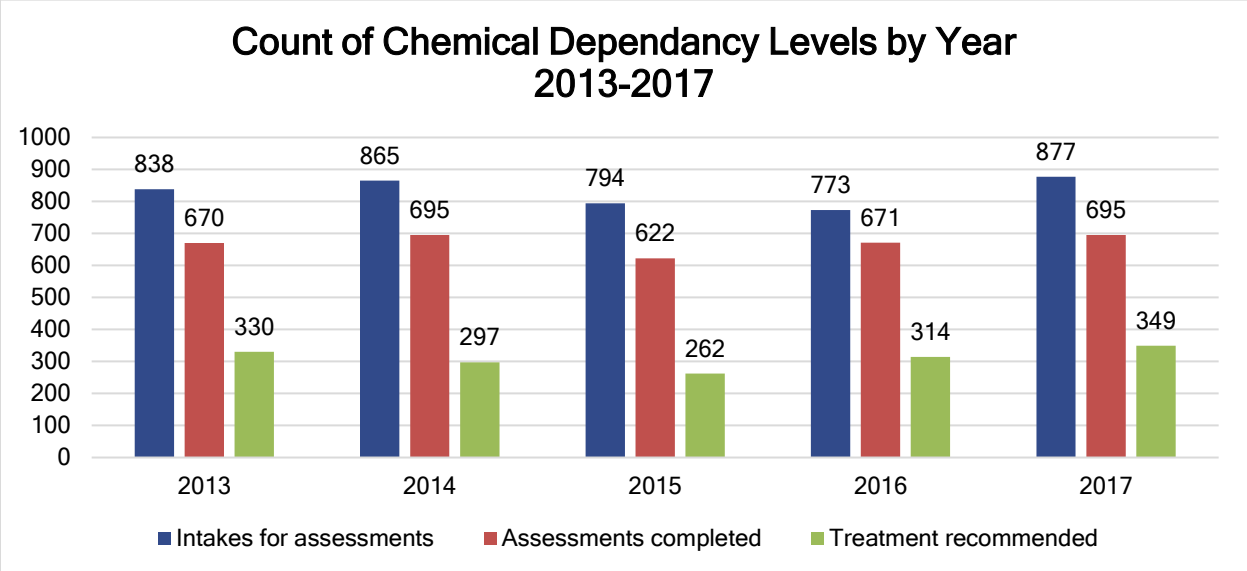
Trends

The New Substance Use Disorder (SUD) Reform will play a huge role in shaping the agency's substance use program over the next few years. As part of reform, Rule 25 assessments will sunset effective June 30, 2020.

Another focus of SUD Reform is to move away from an acute episodic model to a chronic and longitudinal model. Some of the proposed changes include a Comprehensive Use Assessment (CUA), Peer Support Services, Withdrawal Management, and Treatment Coordination services able to be reimbursed through the federal government.

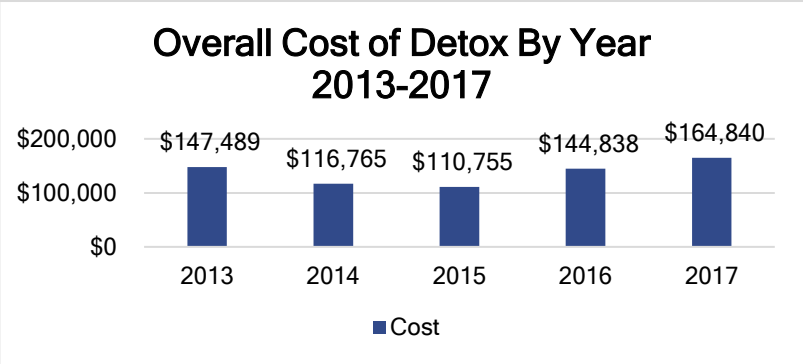
How are we doing?

In 2017, the agency saw the highest number of chemical dependency intakes experienced since the inception of SWHHS. Data shows there was a decrease in the number of intakes for chemical use assessments in 2015 and 2016. Some of these decreases may have been attributed to insurance reform, as there was an increase in managed care or privately insured recipients who were able to go directly to a treatment center for assessments. As there have been downward changes in insured recipients in Southwest's system, there was an increase in assessments in 2017. When SUD reform is approved by CMS (Center for Medicare and Medicaid Services) SWHHS may see a decrease in Rule 25 Assessments but an increase in Comprehensive Assessment, which can only be completed by Licensed Alcohol and Drug Counselors. Treatment Coordinator services can be completed by all of SWHHS's assessors.



The numbers of county-paid detoxifications were consistent from 2014-2016, but experienced a slight increase in 2017. In 2016, SWHHS began to see a marked increase in costs of Detox

service. The agency's providers are in higher demand, their costs have increased due to further regulations, and those costs have been passed to the counties and clients. SWHHS staff have found the need to search farther for detox treatment facilities.



Since 2013, SWHHS has seen a stable rate in the number of detoxes paid by the agency, but has experienced an overall increase in the cost of detox. This is due to increased regulations and higher demand of service.

HUMAN SERVICES JOINT UNITS

MNCHOICES

MnCHOICES is an integrated assessment and support planning tool for Minnesotans who need long term services and supports. The tool replaces assessment and screening tools for developmental disability screening, long-term care consultation, personal care assistance, and in the near future, home care nursing. Currently, this assessment is provided to those that are on medical assistance.

SWHHS has taken a unique approach to providing this assessment by bringing together public health nurses and social workers to administer this assessment and support planning tool. The MnCHOICES Unit was created in 2017 to improve the process of service delivery.

LONG TERM SUPPORTS AND SERVICES

MANAGED CARE COORDINATION SERVICES

Managed care is a system for providing health care benefits through the health plans for some clients enrolled in Medical Assistance (MA). SWHHS has entered into contracts with Blue Cross

and Blue Shield (BCBS), UCARE, and PrimeWest Health to provide care coordination services for clients in some of their managed care programs. SWHHS provides care coordination for clients in the Minnesota Seniors Health Options (MSHO) and Minnesota Seniors Care Plan (MSC+) products, in addition to the Special Needs Basic Care (SNBC) services for the under 65 population under PrimeWest Health. Care coordination services are key to supporting the client's needs across the continuum of care.

SWHHS begins the process of care coordination by receiving a monthly enrollment report from the Managed Care Organizations (MCOs). A care coordinator is assigned to each client to assist with his or her health care needs. Contacts are made with the client or responsible party to offer a Health Risk Assessment. This is accomplished by completing the face-to-face Long-term Care Consultation (LTCC). This consultation assists the client and care coordinator to determine if the client is in need of any service to help them remain in the community. Care coordination services involve clients that may be on the Elderly Waiver (EW) Program, a community-well client living independently in their own home, or a client living in a skilled nursing facility (SNF). At SWHHS, social workers are care coordinators mostly for those clients receiving EW services or living in the community independently. Public health nurses primarily provide care coordination services for clients in the skilled nursing facility (SNF) with the exception of Rock County where one social worker manages SNF clients.

Pipestone County public health nurses and social workers work in collaboration to provide services to the SNBC clients who are under 65 living in the community or skilled nursing facility.

The MCOs provide SWHHS with models of care, specific guidelines, and programs to follow. SWHHS is also expected to follow state policies for Home and Community Based services when the client receives EW services.

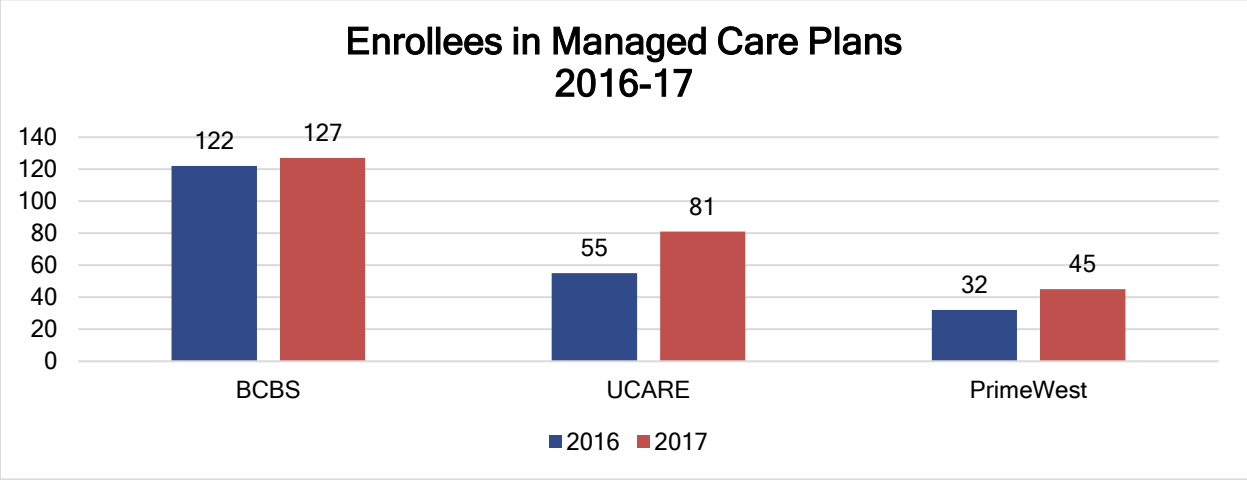
Trends

The MCOs have not yet moved over to the State of Minnesota developed MnCHOICES Assessment Plan, but utilize different assessment forms called Long Term Care Consultation (LTCC) forms. This can get complicated when SWHHS has new MA clients that start with MnCHOICES assessment but then switch enrollment into a MCO. SWHHS is finding assessments are duplicated, as the MnCHOICES assessment does not follow along or meet the required Managed Care Organizations Care Plan requirements.

The State of Minnesota sets up an audit protocol for all the MCOs. Each MCO interprets that protocol a bit differently and develops its own guidelines, forms, documents, and coverage options. Care coordinators who work with multiple MCOs have the challenge of learning and following each specific set of rules, systems and care plans. SWHHS has yearly audits completed by each MCO. SWHHS audit results are very favorable with several years in a row having zero deficiencies.

How are we doing?

The graph shows the managed care plans enrollment numbers for the years 2016 and 2017. Similar to other programs areas, the unit has seen an increase in the number of enrollees. BCBS and UCare are available in Lincoln, Lyon, Murray, Redwood and Rock counties, while PrimeWest is available in Pipestone County. The BCBS plan has the largest number of enrollees.



AGING SERVICES FOR PEOPLE OVER THE AGE OF 65

The State of Minnesota offers several programs for the over 65 population: Elderly Waiver and Alternative Care. These programs provide services such as Companion Services, Adult Day Services, case management, chore services, home health care, homemaker, Lifeline, Meals on Wheels, and some equipment needs. The purpose of these programs is to promote community living and independence with supplemented services, which address the individual's needs and choices.

ELDERLY WAIVER (EW)

Elderly Waiver (EW) Program is a State of Minnesota administered Home and Community Based Services Program under Federal 1915(c) waiver. EW assists with funding to provide home and community based services for people who need the level of care provided in a nursing home, but choose to live in the community. Community members must be eligible for Medical Assistance to qualify for the EW program.

ALTERNATIVE CARE (AC) PROGRAM

Alternative Care (AC), much like EW, assists with providing services for people who need the level of care provided in a nursing home, but choose to live in the community. Alternative Care is a grant program within the State of Minnesota for people with lower income and assets but are not eligible for Medical Assistance yet. They would be eligible for Medical Assistance within 135 days of entering the nursing home.

CONSUMER DIRECTED COMMUNITY SUPPORTS (CDCS) FOR EW AND AC

Consumer Directed Community Supports (CDCS) is a unique service option available to individuals on Home and Community Based Services (HCBS) including EW and AC. It gives the person flexibility in service planning and responsibility for self-directing their own care and services. This self-direction includes hiring and managing their support workers. The individual is first assessed and enrolled in one of the HCBS programs. The client must be able to write his or her own service plan or hire a support planner to assist. The client can have flexibility in the services by deciding how to spend the budget allowance as well as hire their own staff such as family members or neighbors.

What is the county's role?

The Seniors Unit provides case management and care coordination services for individuals in need of Home and Community Based Services of EW, AC, and Care Coordination Services for MCOs. Referrals for these programs come to the Seniors Unit in a couple of ways. First, after a MnCHOICES Assessment has been completed, a client may be eligible for Elderly Waiver or Alternative Care Services. Second, SWHHS receives monthly enrollees through the MCOs of UCare, Blue Cross and Blue Shield (BCBS) and PrimeWest. A care coordinator is assigned and they complete the Long Term Care Consultation (LTCC) assessment instead of the MnCHOICES assessment to determine eligibility and needs of the individual. These care coordinators then determine if they are eligible, need EW services or if SWHHS can provide care coordination services to the client as a Community Well enrollee.

Case management and care coordination activities include coordinating the provision of Medicaid Health and Long Term Care Services, developing a support plan or care plan, evaluating and monitoring of services identified in the service plan, advocating and encouraging person-centered planning, and being a key support person while ensuring the health and safety of the person receiving services. Case management and care coordination also includes annual reassessments of the client, as well as bi-annual and quarterly visits, arranging for updates upon changes in condition, crisis management, following state and federal program guidelines, and the guidelines of three MCOs.

Trends

The population of Minnesota and the region are aging. By 2035, it is projected the number of individuals in the state of Minnesota over the age of 65 will be 1.3 million. (2) With the number of individuals turning 65 at a greater rate, SWHHS is seeing the number of people turning 65 who are on Medical Assistance increase annually. This aging population is also showing increased diversity in racial and ethnic cultures. In our six-county service area, SWHHS is seeing an increase in minority populations from various cultures. The prominent cultures include American Indian, Hmong, Latino, Somali, and Karen. Staff are learning ways to utilize interpreter services, culturally specific person-centered services, as well as a variety of different service providers to deliver SWHHS programs.

SWHHS is seeing changes in the demographics of service delivery in our rural area. Elderly are remaining in their homes longer, nursing home bed numbers are reducing, and there is an increased number of assisted living facilities. The needs

of the clients in their homes are increasing and more complicated.

Person-centered is the focus in all areas of service delivery for the Seniors Unit and has been integrated into the assessment and care planning of clients. State and federal policies including the Minnesota's Olmstead Plan, The Jensen Settlement Agreement, Centers for Medicare and Medicaid Services, Home and Community Based Services, and the Minnesota Home and Community Based Services Licensing Standards, Minnesota Statute Chapter 245D, have guided the need for change to person-centered care and is reflected in AC and EW case management. The person can decline the opportunity for an assessment even when services may be appropriate for them.

How are we doing?

First quarter 2018 average monthly cases by county are reflective of 2017 trends in the program area. Lyon County averages the highest number of Elderly Waiver cases followed by Pipestone and Rock counties.

2018 1st Quarter EW/AC/CDCS Average Monthly Cases by County

	CDCS Cases	EW Cases	AC Cases
Lincoln	0	23	7
Lyon	2	166	7
Murray	1	32	3
Pipestone	0	46	3
Redwood	1	21	0
Rock	0	43	1
Total	**4**	**331**	**21**

From 2015 to 2017, there was a slight decline in the average number of AC and EW cases. With a rise in the overall number of adult intakes, the agency attributes the change to implementation of person-center practices. Person-center practices give clients the opportunity to decline services, even if they would benefit from them. Within the agency, there is continuous dialogue on accuracy of data entered into SSIS.

Average Number of Cases for Elderly Waiver and Alternative Care 2015-2017

	2015	2016	2017
Alternative Care (AC)	23	18	16
Elderly Waiver (EW)	352	362	343

DEVELOPMENTAL DISABILITIES AND DISABLED UNDER 65 YEARS OF AGE

Minnesota has several programs designed to assist people with chronic illnesses and/or disabilities. Home and Community Based Services (HCBS) are designed to be person-centered and assist people in achieving what is important to them and for them while maintaining independence and preventing institutional placement.

Why is it important?

HCBS assist the disabled and elderly, to assure they have the same rights and responsibilities as non-disabled and those under 65 years of age, have control over their lives, make their own choices, and contribute to the community.

What is the county's role?

Once a MnCHOICES assessment has been completed, waivered services, grants, and other programs are available based on eligibility and the person's desire to receive service. The term waivered services comes from the source of the funding. Waivers are federal and state Medical Assistance dollars. The federal government has allowed the state to "waive" some rules and allow extra purchases of home care services through rule and statute. These waivered services offer several individualized options for care and assistance that allow people to chart their course for a life they want to lead, in the living situations that they choose. Persons may choose from the services for which they are eligible. Person-centered planning drives case management and allows the person to make choices for their everyday life.

Some case management responsibilities include:

- assisting in support planning

Client Example

It started with a headache. Young Sue and her mom did not expect that this headache would turn into a stroke. Sue would end up with right sided weakness of her arm and leg, visual cuts that impaired her awareness, aphasia (unable to find her words) and cognitive damage. Being from a small rural community, Sue and her mom were often frustrated with the lack of supports available. Sue's mom pushed for therapies and alternative treatments to advance her as much as possible and to draw on her strengths. With the help of waivered services and finding out what Sue's wants and needs were, she began to be able to determine what she would like to do. Sue hated going to her Day Activity Center and sought other options. She did not meet criteria for Project Search. Still, she did not give up. Sue was able to do work opportunities at a vocational service provider and she loves it! She was also accepted to a program at a college for students with disabilities. The program accepts three to five students annually. They work on courses for credit, person centered plans, have a peer navigator to assist on campus, and have work and internship opportunities with job coaches. Sue has worked extra hard this summer with independent living skills and other support services paid for by the waiver, and is preparing to move to campus in the fall. Sue will begin classes soon and is focusing on her strengths and love of art! A true story of a determined young lady who utilized supports of her family and waivered services to succeed!

- authorizing services as the individual requests
- monitoring services
- ensuring consistent delivery of supports and services
- being aware of and assuring that all state and federal rules are followed
- utilizing all required forms and computer programs
- being cost effective, while still honoring the person's wishes
- completing annual reassessments and more often if conditions change
- completing quarterly or six month face-to-face visits, depending on the program
- being available for assistance whenever needed
- crisis management and finding crisis placement
- participating with the team of support providers and families to assure the persons needs are met
- ensuring health and safety of the person receiving services

Some Case Management programs include:

RULE 185 CASE MANAGEMENT

Provides ongoing planning services to people with developmental disabilities or related conditions in all living situations.

DEVELOPMENTAL DISABILITIES (DD) WAIVER

Persons who, without this support, would require the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).

SEMI-INDEPENDENT LIVING SERVICES

Services needed by an adult with a developmental disability or related condition(s) to live successfully in the community.

FAMILY SUPPORT GRANT

This program provides cash grants to eligible families with children who have been certified disabled.

CONSUMER SUPPORT GRANT

This program is a state-funded alternative to Medicaid home care services.

COMMUNITY ACCESS TO DISABILITY INCLUSION (CADI)

This program is an alternative to institutionalization for a person who would otherwise require the level of care provided in a nursing facility.

BRAIN INJURY (BI) WAIVER

This program is an alternative to institutionalization for a person who would otherwise require the level of care provided in a specialized nursing facility or neurobehavioral hospital.

COMMUNITY ALTERNATIVE CARE (CAC)

This program is an alternative to institutionalization for a person who is chronically ill or medically fragile and who would otherwise require the level of care provided in a hospital.

RELOCATION SERVICE COORDINATION

This program is for people wanting to move out of an institutional setting.

Trends

There have been many changes in Minnesota HCBS in the last few years. These changes have enhanced services in some areas, but have also created additional challenges to receiving services and providing case management. Longer wait times for services based on the time frames for the MnCHOICES assessments and processes, which are required for eligibility, has been a big change in the past few years. The level of participation from persons served is higher, with families and the individuals being more engaged in the process. Along with that positive trend comes more challenges such as frustration due to the time-spent waiting for eligibility information or for the services to begin. SWHHS works within many complex systems, which makes it challenging to explain "the system" to people who just need help as soon as possible.

Rate Management has been in effect for a few years but has changed, developed, and now is operating through care plans generated electronically as assessments and reassessments. Paper surveys to determine client satisfaction are being replaced by a survey in the MnCHOICES system. There are many issues with online vs. offline functionality of state systems, which continue to challenge staff, even though most workers are quite skilled at working with technology.

Over time, client needs have changed and have become more complex. Thus creating challenges within the six-county service area to locate and train service providers to deliver difficult services.

The foster care moratorium has taken some creativity away from the agency's ability to develop sites, which would be in the person's best interest. The philosophy of serving people in their own homes is a priority, and desirable for all individuals served. However, the high cost of individualized services, limits on what the waivers can provide, and limited staff to provide these services are a challenge.

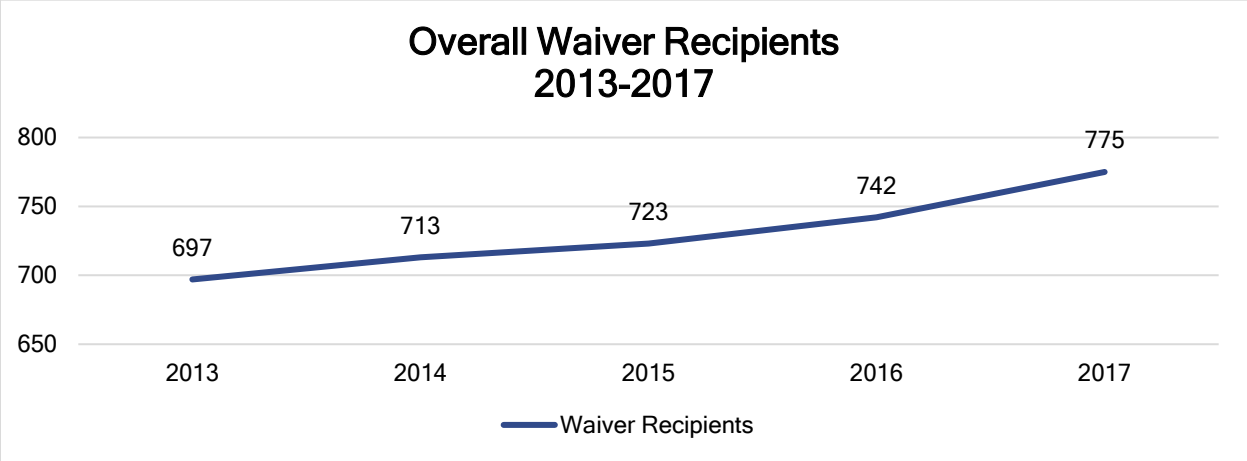
The restructuring and changes occurring at the Department of Human Services (DHS) with the Regional Resource Specialist positions are a great improvement. DHS has begun to recognize

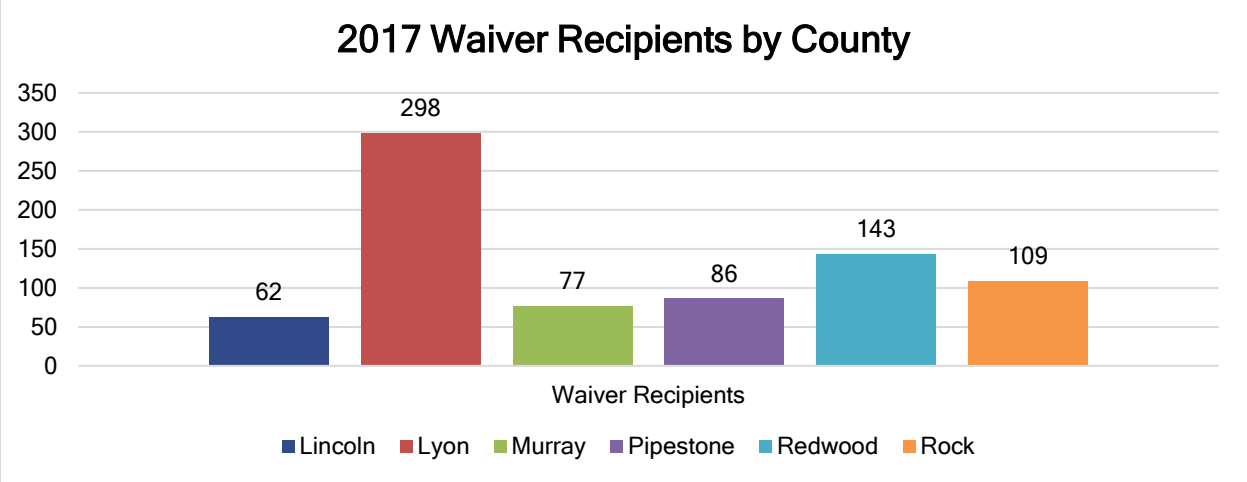
and address the need for supports and differences in outstate Minnesota. Regional Resource Specialists are helping with training and providing resources needed to assist case managers.

Finally, the requirements of the Workforce Innovation and Opportunity Act and the Olmstead Plan have resulted in changes to Day Training and Habilitation services and Prevocational services in Minnesota. The state is working on changes in programs and case management of these programs in order to establish future practices that do not isolate people with disabilities from the greater community. This will offer opportunities consistent with the overall population.

How are we doing?

In 2017, there were 775 recipients for all disability waivers under 65 across the six-county region. This number continues to increase each year. Lyon County has the largest number of waiver clients; followed by Redwood County and then Rock County. In addition, in 2017, the agency had approximately 146 non-waiver cases receiving case management and other service options.





CHILD WELFARE

Child Welfare services are typically provided to families who are having conflict or issues with youth ages 12 to 18 years old. Some issues typically addressed are truancy, parent/child conflict, chemical dependency, delinquency, and/or child behavior. Workers assist families in developing a plan to strengthen and eliminate barriers for families to be successful. There are situations that occur in which "the best interests of the child(ren)" may indicate the need for court action or out-of-home placement. When necessary, these are done in a least restrictive manner to help strengthen and preserve the family unit. Child Welfare services assist the family with assessing needs for the entire family, developing goals, and delivering services to maintain and/or reunify the family.

TRUANCY SERVICES

Child Welfare staff work with schools and youth (ages 12-18) and their families to improve attendance and academic performance. Individuals who do not complete high school have a likelihood of reduced future earnings and may struggle at being fully self-supporting. A significant percentage of high school dropouts become involved in criminal behavior. Children of minor parents who do not complete high school are at higher risk of abuse, neglect, and school failure. Providing the support necessary to finish their education can allow these youth to participate more fully in a successful transition to adulthood.

Something Good

The SWHHS Restorative Justice Circle program began in 2011. At that time there was one, part-time, worker facilitating two Circle Sentencing Circles. Since then, the Circle program has grown to include three full-time workers, six Circle Sentencing Circles, two Family & Community Circles, Circle of Hope, numerous School Circles within six area schools, and a number of SWHHS Staff/Unit Circles. Some highlights of the program include:

-Since 2011, youth participating in Circle Sentencing have paid back $7,569 worth of restitution* and completed 395.5 hours* of Community Service.

-In 2017 alone, Circle Volunteers donated 905 hours of their time equaling $23,891.80*`. In addition to these hours, volunteers also spend time doing activities such as transporting and/or tutoring Circle participants. Much of this program's success is owed to our community volunteers.

-One of our successes in 2017 is SWHHS Circle staff started facilitating our own trainings. This includes training SWHHS Circle volunteers and area school staff on restorative justice practices. In prior years, SWHHS has had to contract this service out. This is a cost-savings for the program, which allowed SWHHS to individualize the training program to match the needs of our communities. Completed evaluations showed a high level of satisfaction from training participants.

*These statistics do NOT include Redwood County as they have a separate Restorative Justice Program.

*'Worth of volunteer hours calculated by independentsector.org

SUPPORT FOR EMANCIPATION AND LIVING FUNCTIONALLY (SELF)

The SELF program opens Federal Title IV-E Independent Living funds to counties and non-profit agencies for youth who have been in out-of-home placement for at least 30 days after their 14th birthday. The funds are used for the development, implementation, and continuation of services. SELF was designed to help older adolescents that have been or currently are in placement prepare for the transition to independent living. Creative use of funds is encouraged, and guided by the individual needs of each youth. Funds may be used to cover items such as room and board, damage and utility deposits, or rent on apartments or dormitory rooms.

CIRCLE PROGRAM

Restorative Justice (RJ) is a theory of justice, which emphasizes repairing the harm caused by criminal behavior. Practices and programs reflecting restorative purposes respond to crime by: identifying and taking steps to repair harm; involving all stakeholders; and transforming the traditional relationship between communities and their governments in responding to crime.

SWHHS offers a variety of restorative services. The program is voluntary. The dialogue process used is shared openly with all participants and guided by a facilitator.

Community Justice Circles reduce or negate recidivism by juvenile offenders and prevent youth from entering the adult criminal justice system. A Circle brings together the three parties of a conflict (those who have acted, those directly impacted, and the wider community) within an intentional systemic context, to dialogue as equals. Youth referred to this Circle are primarily first time offenders that have committed felony or gross misdemeanor level crimes. The focus of the circle is to create accountability through a more holistic approach, involving the community.

Family and Community Circle works to support youth and families who are facing some sort of concern such as out-of-home placement, child protection issues, truancy, behavior, and family relationships.

School Circles are offered to youth in a school setting aimed mainly at high-risk children with behavior and attendance issues.

Oasis Circles are related to work demands. These are offered to staff to help support self-care, teamwork, and stress management.

EXTENDED FOSTER CARE

Minnesota law allows youth who are in foster care on their 18th birthday to receive extended foster care services and financial support. Six months prior to the youth's 18th birthday, the county or tribe will send a notice to the youth, their parent(s) or legal guardian, guardian ad litem and foster parents explaining options for the youth when they turn 18, which are:

- Continue in foster care up to age 21
- Leave foster care when they turn 18, in which case a personalized transition plan must be developed during the last three months they are in foster care.

In some situations, youth who left foster care at age 18 may be able to return to care.

To remain eligible for this program the youth must be:

- Enrolled in college or completing high school
- Employed at least 80 hours a month
- Working with an agency to reduce employment barriers
- Physically unable to complete any of the other requirements

Youth in the program work with a case manager to gain independent living skills through working on independent living goals, one-on-one training, or completing the tasks for the first time with social worker guidance. A case manager meets with youth monthly to review independent living plan goals and assess the needs of the youth.

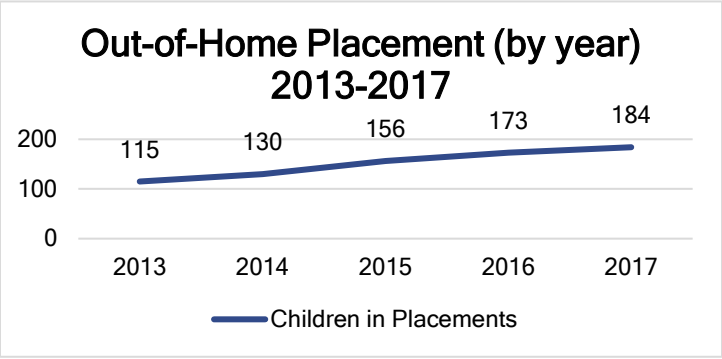
What is the county's role?

Case management services include developing an individual service plan, assisting a child and their family in obtaining needed services through coordination with other agencies, and assuring continuity of care. Case managers are required to assess the delivery, appropriateness, and effectiveness of services on a regular basis. Sometimes youth require out-of-home placement. SWHHS works closely with schools, probation, county attorney's office, health care professionals, the judicial system, other agency programs, and families to deliver services to transitioning youth.

When a family begins child welfare services, a social worker is assigned and they develop a case plan based on the needs identified by the social worker, parents, and children. These services can include in-home family services, parenting education, mental health services, organizational and/or budgeting help, or chemical dependency services.

Trends

Since 2013, SWHHS has seen an increase in the number and cost of out-of-home placements. Redwood and Lyon counties have the largest share of out-of-home placements in the six-county region. By unit, in 2017, the Child Protection team saw the largest number of children in placement, followed by the Child Welfare unit. In 2017, out-of-home placements cost the local system over $3.6 million dollars. Extra efforts have been put into place to prevent out-of-home placements in Redwood County by collaborating with the Lower Sioux Indian Community.

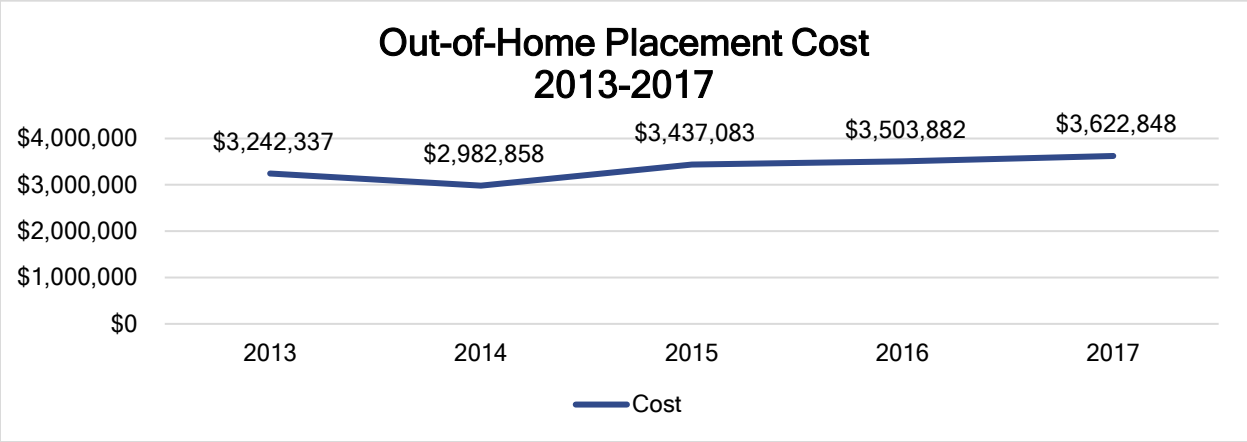


How are we doing?

There has been a steady increase in out-of-home placements since 2013.

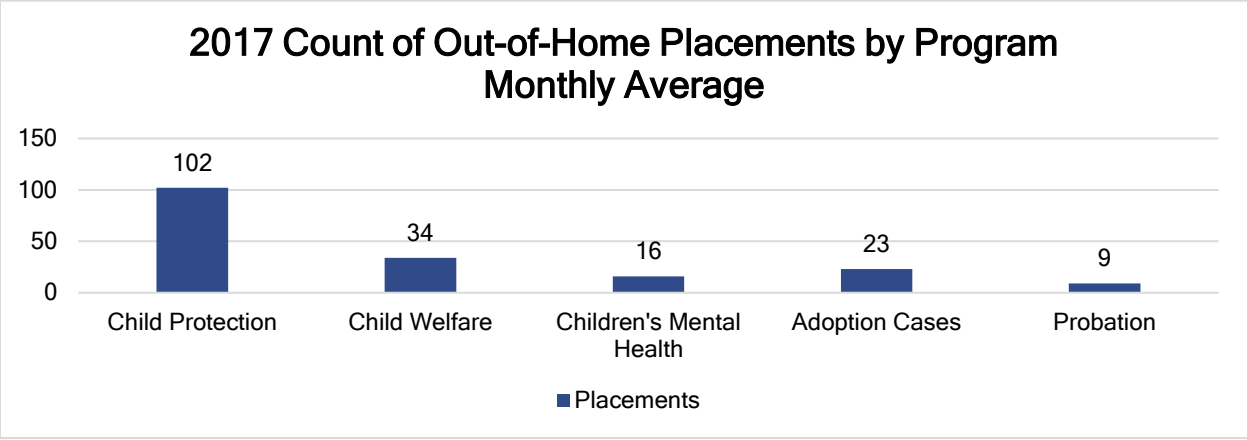
Costs for out-of-home placement can vary greatly depending on the circumstances of each child. Some children may need a higher level of care to mental illness or a physical

disability while others may not need much for services and have short stays away from their parents.



Average Placements by County 2013-2017

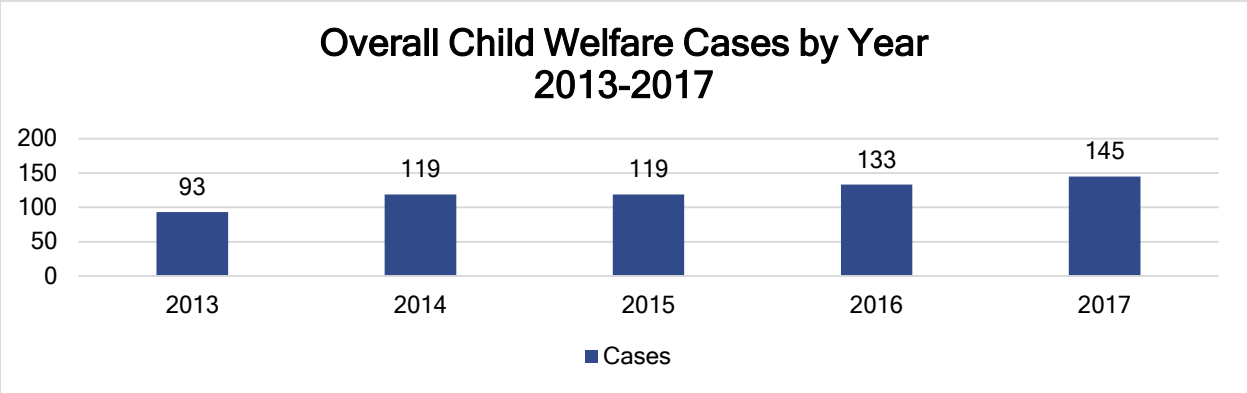
	2013	2014	2015	2016	2017
Lincoln	6	5	8	12	7
Lyon	35	35	50	44	38
Murray	8	8	5	6	10
Pipestone	16	20	22	21	19
Redwood	36	46	59	77	95
Rock	15	16	13	12	16



Similar to out-of-home placement trends, the number of child welfare cases on average has increased. The number of child welfare cases in Lyon and Redwood counties has stayed fairly stable over the past five years, but Lincoln, Murray, Pipestone, and Rock County case numbers have slowly grown.

Annual Count of Child Welfare Cases by County, 2013-2017

	2013	2014	2015	2016	2017
Lincoln	11	11	11	10	13
Lyon	48	62	52	56	52
Murray	2	2	3	5	9
Pipestone	8	11	12	20	22
Redwood	16	25	32	29	33
Rock	8	8	9	13	16



CHILDREN'S MENTAL HEALTH

When children suffer with severe emotional disturbances, their needs often overwhelm their parents. In these circumstances, families need assistance finding resources and developing support systems so children can grow and develop to their full capacity in their own homes.

Why is it important?

Children whose mental health needs are not met in a timely manner are more likely to experience social isolation, school failure, and delinquent behaviors. Families who do not have adequate resources sometimes struggle to provide the parental and emotional support to their children. Timely and appropriate intervention can prevent the need for more intrusive and costly service needs later.

What is the county's role?

As the local mental health authority, the county is responsible for developing a network of services for children. SWHHS works closely with local providers to assess and improve local service options. The Children's Mental Health Program (CMH) provides supports and services to children with severe emotional disturbances and their families. The goal of the program is to support these children and families by giving them the tools required to learn the skills and behaviors needed to thrive in their homes and communities.

Children qualify for CMH services based on Minnesota Statute Chapter 245.487 through 245.4887, which is the Minnesota Children's Mental Health Act. To be eligible for CMH services, a child must be currently diagnosed by a mental health professional with a Severe Emotional Disturbance.

Trends

The number of children who received case management services in 2017 was 185, which was a 28 percent increase from the previous year. In addition to increasing numbers, there has also been an increase in the acuity of the children being served. The complex mental health needs of these children has caused significant challenges with maintaining children in their homes or least restrictive placement options.

Residential services needed to address a child's mental health needs are becoming harder to find. The waiting lists for residential care is increasingly long and can take six months or more. Due to sparse treatment options, children from SWHHS communities are often placed several hours from home and may need to be placed out-of-state to find a provider that is able to meet the child's needs. This distance makes family interaction more difficult and can hinder the therapeutic work done with the family.

In recent years, SWHHS has received an increasing amount of requests for case management and services for children diagnosed with an Autism Spectrum Disorder (ASD). We have also seen a decrease in the age of children referred for services, both largely due to Autism Spectrum Disorders being diagnosed more frequently and earlier in a child's life. Unfortunately, there is a limited number of resources in the region for ASD services.

Access

Access to services and providers continues to be a significant issue in Southwest Minnesota. The location of the child and their family makes a difference in what services are available. For example, if you live in Luverne you have access to Intensive Family-based Therapy services, but not a skills education program. If you reside in Marshall, you have access to a

Something Good

The Minnesota Legislature established Children's Mental Health Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1993 as innovative approaches to address the needs of children and youth who face complex problems involving them and their families with multiple service systems.

The collaboratives in the SWHHS area include Redwood Collaborative, Lyon/Murray Collaborative, and the Rock/Pipestone Collaborative.

Each Collaborative has its own budget and board, who fulfills the mission and guiding principles by: identifying needs; creating new approaches to meet needs; building and supporting trusting community partnerships to respond to the needs of families and communities; improving and increasing access to resources/services and helping families navigate service systems; encouraging and aligning child-serving systems to ensure continuum of care; and enhancing capacity by integrating funding and improving the flexibility, efficiency, and use of existing resources.

skills education program, but not Intensive Family-based Therapy. There are no partial hospitalization, children's day treatment, adolescent day treatment, group homes or residential treatment programs in any of SWHHS' six counties. Many additional services are extremely limited.

SWHHS continues to receive grant funding to provide respite opportunities to children with mental health issues. The Department of Human Services (DHS) encourages grant awardees to use these funds to provide children with socially acceptable and mutually enjoyable respite opportunities. A traditional respite opportunity would be provided by a licensed foster parent. The grant funding allows staff to provided non-traditional respite options, such as sending a child to a weeklong camp, where camp staff are trained to manage the child's mental health needs. Grant dollars can be used for a wide variety of respite opportunities in SWHHS communities, such as athletic, educational, and leisure events.

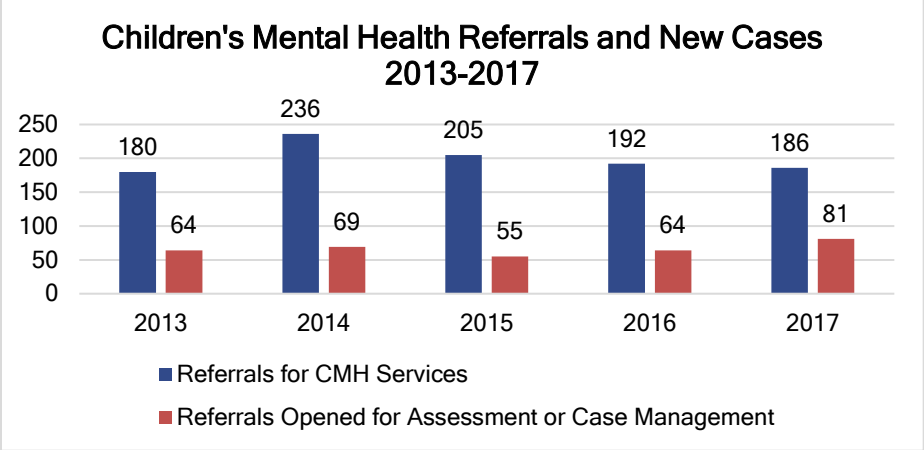
Areas to Watch

In 2016, the Centers for Medicare and Medicaid Services (CMS) required DHS to review children's residential mental health treatment programs to assess whether they should be reclassified as Institutions for Mental Disease (IMD). Based on this review, DHS determined 11 children's residential treatment programs across Minnesota should be reclassified as IMDs. This change will be effective May 1, 2018. The reclassification means that the state will no longer receive federal Medicaid matching funds on residential mental health treatment for children placed in these facilities who are on Medical Assistance. It is important to note several of these facilities are used frequently by SWHHS and the families the agency serves.

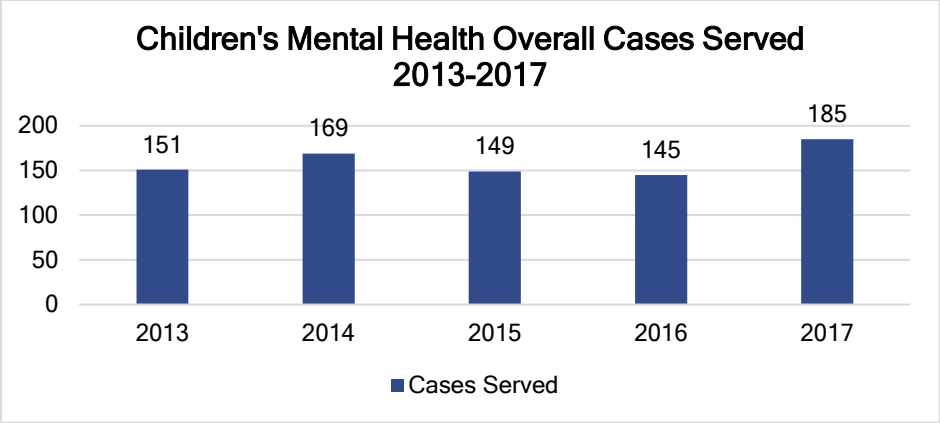
In the short-term, these changes should not negatively affect children and the care they receive. The 2017 Legislature authorized state funding to cover the children's mental health treatment programs at these reclassified facilities. However, the authority to cover these services with state dollars expires April 30, 2019. Without a change in state law, on May 1, 2019, counties will be responsible for 100 percent of the cost for services provided by these children's residential settings.

How are we doing?

Since 2013, SWHHS has experienced an increase in the number of referrals who are opened for assessment or case management. In 2017, 81 referrals were opened for assessment or case management. In addition, in 2017, the agency experienced



the highest number of cases opened and served since the agency became a six-county entity. In 2017, the average caseload size for a Children's Mental Health social worker was 13.86 cases.



CHILD PROTECTION

Child protection is the process of protecting children identified as experiencing some form of abuse or neglect. It is a process where child safety is the first priority and staff work with families to build upon their strengths and address struggles to reduce future risk to the children.

Why is it important?

All children have a right to protection against abuse, neglect, exploitation, and violence. SWHHS has a statutory duty to safeguard and promote the welfare of children. The Child Protection team, along with other agencies, collaborate to achieve safety and greater well-being for children in our communities.

What is the county's role?

The receipt and screening of child protection reports

All reports of possible maltreatment of children are cross-reported between SWHHS and the appropriate law enforcement agency. All agency employees are considered mandated reporters. Anyone can voluntarily report concerns of child protection to the agency or law enforcement. After hours, reports can be made by contacting the local law enforcement dispatch center.

All of the child protection reports are screened within 24 hours of receipt by SWHHS, including reports received on the weekends and on holidays. The screening process involves evaluating the information in the report and determining if the concern meets the statutory definition of abuse or neglect found in Minnesota Statute Chapter 626.556 Reporting of Maltreatment of Minors. In addition to statute, the screening team refers to the Minnesota Child Maltreatment Screening Guidelines found at https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5144-ENG. Maltreatment can involve physical abuse, sexual abuse, emotional abuse or various types of neglect.

Screened out reports might result in a service offer to the parents/family. Child protection makes referrals to voluntary child welfare services, children's mental health services, adult mental

health services, chemical dependency services and many other programs offered by SWHHS and its community partners.

The state continues to appropriate funds for the Parent Support Outreach Program (PSOP). This program is an early intervention program designed to provide services to families screened out of the child protection system, but are experiencing risk factors and have at least one child under the age of 10. If eligible, families are assigned a caseworker to assess risks and develop a plan. Case management may address parenting, housing, budgeting, and other needs. Program funding is used to assist families to voluntarily access support or services as a means to prevent child abuse and neglect. Participation is voluntary, and in 2017, 61 cases were opened through PSOP.

Assessment/Investigations

Once a report is determined to meet the definition of abuse or neglect, it is opened for a child protection assessment or investigation, depending on the nature of the allegations. Assessments and investigations are completed to address the reported concerns, assess for safety, and determine if there is a need for ongoing services to ensure safety for the children involved. Some investigations are done in conjunction with law enforcement if a crime has been committed.

During an assessment or investigation, child protection determines:

- Is there an immediate safety risk to the children?
    - Law enforcement may place the children on a law enforcement hold and they may be placed in foster care or in the home of a safe relative. SWHHS has 72 hours (excluding weekends and

Something Good

SWHHS staff are trained in Signs of Safety, which is a strength-based, safety focused approach to child protection and consists of tools and techniques to use with families to lay out the worries and strengths identified by the family, supports, and SWHHS staff. The strengths and worries are laid out in a safety plan/ map in order to guide the family, SWHHS, and supports toward the next steps to be taken in order to keep the children safe. SWHHS uses the Signs of Safety approach to reduce out-of-home placements, and in the case of out-of-home placements, to help reunify children with their families.

Family Group Decision Making (FGDM) Conferences recognize the importance of involving families in decision making when it involves their children. SWHHS utilizes FGDM Conferences to assist families in prioritizing their family's needs and to help keep their children safe. FGDM consists of bringing parents, family members, and professional supports together to come up with their own plan to ensure the children's health and safety needs are met. FGDM conferences are facilitated by an unbiased person who helps direct and guide the meeting. SWHHS uses FGDM to reduce out-of-home placements, to help in case planning, to reunify children with their family, and to determine permanency plans for children in out-of-home care.

holidays) to continue to investigate and determine if the child can safely return to the home.
    - SWHHS may petition the court for emergency protective custody of the children for placement in foster care or with a safe relative.
    - There may be a safety plan developed with the family. The safety plan may also involve support people that are willing to provide the oversight and supervision needed to achieve immediate safety.
- For case of investigation of neglect or abuse
    - This determination stays on the perpetrator's record for ten years.
    - It could also lead to a need to file a petition for a termination of parental rights if the abuse or neglect is considered to have caused egregious harm to a child.
- For both assessments and investigations, there is a determination if child protection services are needed
    - The family will be assigned an ongoing child protection social worker to work with the family to reduce risk and assure future safety.

Both assessment and investigation processes involve gathering facts from family and collateral contacts who are familiar with the family's situation. Social workers are expected to complete the comprehensive assessment or investigation within 45 days from the date the report was received unless there is a need for additional time to gather certain information.

Ongoing Child Protection Case Management

Once the assessment or investigation has determined services are needed for a family, the worker develops a case plan with the family. This helps support the family so they can safely care for their child or assist the family in reunifying with their children who are in foster care.

Sometimes out-of-home placement or continued out-of-home placement is necessary and the agency works toward reunification of the child with the family. In addition, workers utilize the family's support system to ensure long-term safety and support for a family. This may include utilizing practices from Signs of Safety or Family Group Decision Making.

When families do not cooperate with ongoing services and risk to the child still exists, a Child in Need of Protection or Services (CHIPS) Petition may be filed through the court system. This results in families being court-ordered to cooperate with services to ensure child safety.

If children have been in foster care for six months and the family is not making progress on the case plan, a permanency petition may be filed. A permanency petition could be a termination of parental rights or request to transfer custody to the non-custodial parent, other relative or foster parent. If termination of parental rights petition is granted, the child becomes a state ward. The adoption worker then recruits for a placement resource and works toward legal adoption.

MINOR PARENT SERVICES

Services are provided to assist the pregnant and/or parenting minor (under age 18) to create a plan for the parent and the child to ensure their safety and well-being. This helps connect the minor parent to appropriate resources. These services may include counseling, financial and

Medical Assistance, housing and childcare options, paternity or Child Support services, and/or resource referrals to appropriate agencies to assist with decision-making.

To be eligible, teens must be under the age of 18 and in their third trimester of pregnancy; teens under the age of 18 and already parenting; or teen mothers who have been identified on the 72 hour birth report per Minnesota Statute Chapter 257.33.

ADOPTION

Adoption services are provided by SWHHS for state ward children in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties. A state ward child is a foster child in the custody of the Minnesota Commissioner of Human Services as determined by the court. For SWHHS, 100 percent of the children waiting for adoption are from the Foster Care System. In 2017, 23 children were adopted from the foster care system.

Trends

In 2015-2016, the Governor's Task Force on Child Protection provided additional funds to hire child protection workers. However, there were stipulations to receiving the full amount. In order to receive the full funding, counties were to ensure they visited at least 95 percent of the youth who were placed in foster care on a monthly basis. In 2017, 98 percent of youth in foster care were seen each month by a SWHHS child protection worker. Another required measure was alleged victims were to be seen within the mandated time frame after a child protection report is received and screened in for Family Investigation or Assessment. This required a 100 percent compliance and in 2017, SWHHS staff met this timeline 87 percent of the time. Safety of the child victim is always a priority when determining the best way to make the first contact. Reasons for not meeting compliance may be a child cannot be located by staff due to a move or being with another parent out of SWHHS service system.

In 2017, 648 child protection investigations and assessments were completed by SWHHS. This is continuing to increase each year. The Task Force recommendations have also led to an increase in cases to be investigated.

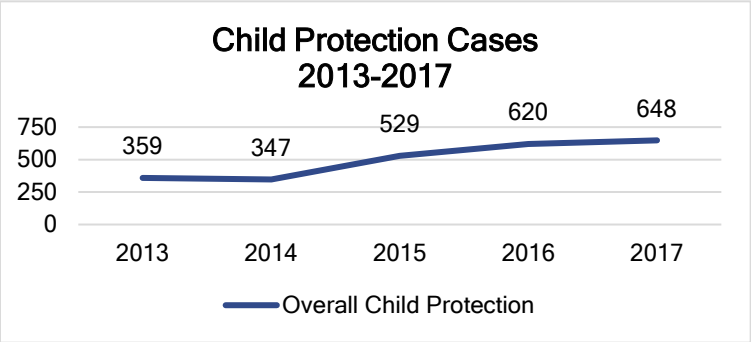
The state has added new requirements to work with children who have runaway from their placement and to address sexually exploited youth cases due to the Federal Justice for Victims of Trafficking Act, passed in 2015. The new requirements have increased local social service involvement in cases by being directly involved in notification, investigation, documentation, and monitoring of youth who have runaway.

How are we doing?

Since 2013, SWHHS has seen an increase in the number of child protection investigations and assessments taking place in the six-county region.

Count of Child Protection Investigations and Assessments

	2013	2014	2015	2016	2017
Assessments	329	306	406	443	431
Investigations	30	41	123	177	217
TOTAL	***359***	***347***	***529***	***620***	***648***



The overall number of child protection cases have increased over the last five years. In addition, there has been an increase in the number of allegations associated with the cases. By type, mental injury/emotional harm had the largest increase over the past five years.

Child Protection Investigation/Assessments by Allegation*

	2013	2014	2015	2016	2017
Sexual Abuse	42	64	75	88	117
Physical Abuse	106	111	189	251	290
Neglect	208	328	532	598	495
Mental Injury/Emotional Harm	3	5	7	24	111
Prenatal Exposure	0	3	11	21	21
Total	***359***	***511***	***814***	***982***	***1034***

*An investigation can have multiple allegations.
*Changes in documentation per 2015-2016 Governor's Task Force influenced increases in some categories.

LICENSING

At the county level, SWHHS is responsible for licensing Family Childcare, Family Child Foster Care, and Family Adult Foster Care. SWHHS shares responsibilities with the State for the licensing process of Corporate Child and Adult Foster Care Settings.

FAMILY CHILDCARE LICENSING

Why is it important?

Safe, quality childcare is important for families when parents are employed, seeking employment, or furthering their education. Licensing childcare homes provides basic assurances that safety and quality are regulated and monitored.

What is the county's role?

The childcare licensing unit provides orientation on state licensing requirements, monitors compliance with state regulations, and provides training resources to providers to enhance child development. Childcare providers are required to comply with state regulations in Minnesota Rules 9502.0330 through 9502.045, as well as the Human Services Licensing Act. These rules set limits on the number and ages of children in care. They also set safety standards regarding the physical environment, sanitation/health, water, food, and nutrition. Licensing staff monitor

childcare providers regarding behavior guidance, activities and equipment provided, supervision of children, safe sleep practices (especially for infants), training requirements, and record-keeping.

Trends

Retaining licensed family childcare providers continues to be a challenge statewide, due in part to the following factors:

- Legislative requirements and regulations for family childcare providers have increased.
- The expansion of preschool programs in the school systems—sometimes coupled with schools offering childcare programs to children attending preschool—have created preschooler vacancies in childcare homes and led to decreased earnings for childcare providers.
- The number of training hours and the specific types of training required for childcare providers have increased.

Finding required courses and trainers to provide training has sometimes been challenging in outstate Minnesota. Often a childcare provider's workday is 10-12 hours long. Attending evening courses two to three hours long with additional travel time to the training site may contribute to burnout in the childcare field. While some providers have embraced the availability of online courses, others do not have access to internet service or are uncomfortable completing training in this manner. Some training is best experienced in a live setting where providers can network with each other, ask questions, and receive feedback. Child Care Aware, a childcare resources agency funded by a federal grant, coordinates, provides, and publishes training information both in-person and online training courses. "Anytime Learning" courses are offered to providers at any time of the day or night as an added convenience. Child Care Aware also coordinates a star-rating system for providers interested in developing an additional level of excellence in their childcare programs.

Something Good

SWHHS childcare licensors are becoming proficient at using the electronic monitoring checklists for provider home visits.

The SWHHS licensing department acquired the necessary electronic equipment to complete foster parents' fingerprinting internally. The equipment is mobile and can be done in the convenience of the provider's own home, thus eliminating the need to travel to a fingerprinting site.

The format for the required orientation training for child foster care providers was revised to include online videos for a large portion of the material. "In person" orientation training has been revamped from 36 hours (12 sessions) to 12 hours (four sessions).

Changes for licensed childcare resulting from 2017 legislative changes were numerous, some of which include the following:

- Licensing staff uses electronic checklists when completing compliance checks in homes.
- Annual, unannounced inspections of licensed childcare homes are required.
- Providers must develop an emergency preparedness plan for their childcare.

- There is increased public information on all providers at the DHS licensing website regarding providers' monitoring results from annual home visits, including correction orders.

An additional upcoming change for providers, their employees, and their family members is the implementation of electronic fingerprinting. This new legislative requirement will come at a considerable additional cost to providers.

FAMILY CHILD FOSTER CARE LICENSING

Why is it important?

Foster parents provide a temporary home for children who cannot remain in their own homes. Children enter foster care because of neglect, abuse, domestic violence, a parent's chemical addiction, a parent's incarceration, or a family crisis. A child may also enter care due to his/her behaviors or special needs. While the child is out of the home, a case manager works with a variety of resources to provide services to the child and the family.

Foster parents receive a stipend to care for the needs of the children. Foster parents are asked to provide stability, safety, and unconditional love to the children in their care, as well as advocate for the children's needs. Often foster parents become mentors and support to the birth parents. Foster care is provided until a child's parent(s) can resume the parental role or until an alternative permanent plan is made with relatives or adoptive parents. Sometimes foster families are asked to provide a permanent home for children in their care.

What is the county's role?

The county licensing agency is responsible for licensing, supporting, and monitoring foster families. The licensor ensures state licensing requirements are completed with the family. SWHHS also helps connect the providers with needed training and provides a support system. Of particular importance is the need for families to understand the effects of trauma on children and the behaviors that result from it. Ongoing support is provided to help foster parents as they journey with children who are struggling with the trauma they have experienced. Licensing staff are often consulted on foster homes that may be a "good fit" for a child entering placement. The licensor may serve as a liaison between foster families and children's services workers, addressing concerns expressed by both, and educating/defining the roles and perspectives of each client of a child's team.

Trends

Overall, there is a need for foster families willing to take all ages of children. The greatest demand, however, is families willing to care for teens and older children. SWHHS continues to recruit families for respite, short-term, and permanent care. Families are often asked to manage challenging behaviors, as well as coordinate numerous appointments for parent visits and physical/mental health specialists. Placing children with relatives or others with whom a child

has a significant relationship continues to increase. A large percentage of the current licensed foster care providers are relatives or someone closely associated with the children in care. Moving to the home of relatives or significant others creates much less trauma for a child living in foster care.

TRADITIONAL ADULT FOSTER CARE/CORPORATE FOSTER CARE FOR ADULTS & CHILDREN

Why is it important?

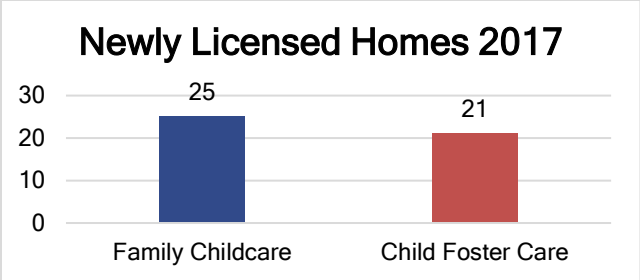
Adult foster care (AFC) is a licensed, sheltered living arrangement for adults who have special needs or impairments that make it impossible for them to live alone. This might include people who have physical, emotional, or developmental impairments. Adult foster care homes provide five basic services: room, board, supervision, protection, and assistance with money management and personal care.

Corporate adult foster care and corporate child foster care refer to settings in which the license holder does not reside in the home. The primary care givers are shift-staff, rather than clients of the household, as in the traditional model.

Trends

Most adult foster care homes in SWHHS counties have been licensed for many years and have had long-term placements. In 2014, Minnesota Statute Chapter 245B was repealed, and Minnesota Statute Chapter 245D came into effect. This changed the role of licensing in most corporate foster care settings from a county function to a state function. SWHHS licensors are still responsible for licensing requirements involving the physical plant and any concerns with the physical environment of the licensed home. Monitoring this through biannual inspections and the use of the home safety checklist are SWHHS agency responsibilities. Licensors also continue to be responsible for fully licensing all family adult foster care settings, corporate child foster care settings, and corporate adult foster care settings where at least one adult client is on Elderly Waiver (EW) or Group Residential Housing (GRH) funding.

In 2017, DHS identified over 500 unlicensed residential programs across Minnesota that required licensure as Community Residential Settings (CRS). A small number of those programs were operating in SWHHS counties. The 2017 legislative session temporarily expanded the exceptions to the licensing moratorium through June 30, 2018 to license these facilities. The temporary moratorium applies to AFC and CRS sites already providing services in unlicensed residential settings that must be licensed, according to statutory regulation. This includes any sites where three or more persons living at the same address, and all identified persons are receiving supported living services (SLS) or foster care services funded by a disability waiver program.



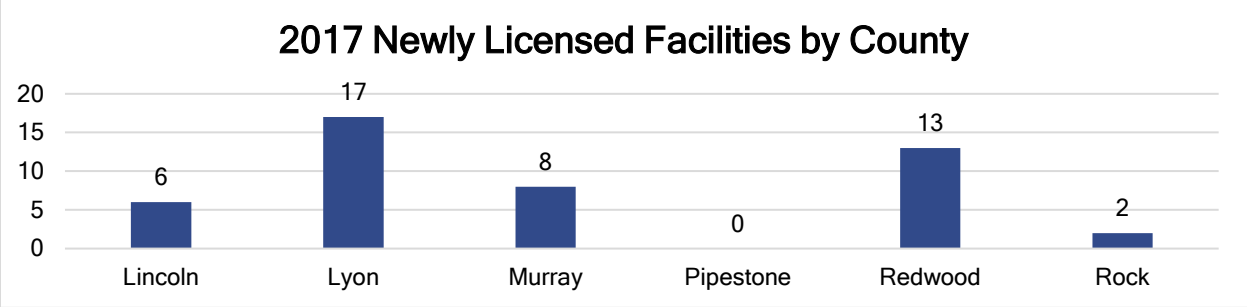
Additional sites with less than three persons served may also require licensure, if a 245D license holder is providing services to persons there. Licensing applications for these existing unlicensed programs must be received by June 30, 2018 for the moratorium exemption to be applicable.

How are we doing?

Although childcare is in demand in the counties of SWHHS, there has been an increased interest in licensure. Licensing staff are working with applicants to ensure training, support, and orientation are readily available to ensure quality care is accessible.

With an ongoing need for additional foster homes for respite care, long-term care, and adoption, foster care licensing staff are regularly recruiting additional families. Orientation training sessions are offered twice annually in two venues across SWHHS so families are better prepared to meet the needs of children who have experienced trauma and crisis.

The chart below outlines newly licensed facilities throughout SWHHS in 2017. There were 46 new facilities licensed; 25 of those being family childcare and 21 child foster care. SWHHS did not have new adult foster care or HCBS CRS licensed in the region. Lyon and Redwood counties had the largest number of newly licensed facilities.



CHILD SUPPORT

Children deserve the financial and emotional support of both parents, whether or not the parents live together as a family. This financial support can be the difference between a life of poverty with the associated disadvantages or thriving in a household with sufficient income to meet their basic needs.

Why is it important?

Children who grow up in homes without adequate income to meet their basic needs have a number of additional obstacles to overcome as they move to adulthood.

Poverty is associated with a higher rate of drug usage, criminal behavior and school failure. Absent parents who do not pay child support are also less likely to be involved in their children's lives, depriving them of the emotional support of one parent.

What is the county's role?

Child support establishment and enforcement is a federal requirement for all states and a priority method for moving children out of poverty. The child support program assists in the establishment of parentage for children and in obtaining court orders for child support for minor children. The receipt of child support adds to the quality of life for children, reduces the public assistance burden for taxpayers and adds resources to the local economy.

Trends

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 requires states annually assess their compliance with federal child support case processing activities and timeframes. The standards and criteria for the State Self-Assessment reviewed and report processes are established in 45 CFR 308.

This review covers the twelve-month period from October 1, 2016, through September 30, 2017, and evaluated the following eight categories: Case Closure; Disbursement of Collections; Enforcement of Orders; Establishment of Paternity and Support Orders; Expedited Process; Interstate Services; Medical Support Enforcement and Review and Adjustment (Modification).

Minnesota's child support program is a division of the Minnesota Department of Human Services (DHS). The state office supervises the Child Support (IV-D) program from a central office in St. Paul and 78 county offices administer direct services to 87 Minnesota counties.

Southwest Health and Human Services was reviewed in this Self-Assessment period in the areas of

Something Good

New Parentage Video: The State Office of Child Support released a new parentage video entitled *Establishing Parentage – What Every Mother and Father Need to Know*. This video explains parent's rights and responsibilities before signing the legal paternity document, the Minnesota Recognition of Parentage Form. This video replaces the *Power of Two* video produced more than 15 years ago.

Driver License Outreach: In August, during Child Support Awareness month, county agencies and the State Office of Child Support sent nearly 10,000 letters to parents who had fallen behind on their child support and had their driver license suspended. The letter offered these parents another chance to start paying their support and get their license reinstated if they met specific conditions.

KMOJ Awareness & Education Campaign: Implemented in 2017, it is a 10-month awareness and education campaign initiated with the assistance of KMOJ, Minneapolis to help provide the audience with information about the child support program and provide resources to help.

enforcement, interstate, medical and case closure. Each review category presents the procedures set forth under CFR45. There are mandates, policies, and thresholds that must be met for the case to be deemed correct by the Review Team. The Review Team determined that the cases of Southwest Health and Human Services Child Support were correct in each category.

How are we doing?

Minnesota's child support program participates and is measured with other states in the federal incentive funding system. SWHHS can maximize federal incentives by reaching performance thresholds in five measures. Each state and county who meets the performance standards receive a portion of the federal incentive dollars. Therefore, as one state and/or county substantially improves upon their performance and receives a larger portion of the funds, the other states and counties share in the declined federal incentive dollars. The five child support measures and the performance measures are as follows:

Paternity Establishment	90%
Order Establishment	80%
Collections on Current Support	80%
Collections on Arrears (past due support)	80%
Cost Effectiveness	$3.30

SWHHS Results Paternity Establishment

	Children in Open IV-D Cases Not Born in Marriage FFY2016	Children in Open IV-D Cases with Paternities Established FFY 2017
SWHHS	2,491	2,602

Federal Performance Measures: Percent of Paternities Established, 2013-2017

	2013	2014	2015	2016	2017
SWHHS	103.97	102.66	101.47	106.30	104.46

Statewide average is 101.05%

SWHHS Results Orders Established

	Open Cases with Orders Established FFY 2017	Open Cases FFY 2017
SWHHS	2,993	3,273

Federal Performance Measures: Percent of Orders Established, 2013-2017

	2013	2014	2015	2016	2017
SWHHS	91.97	92.38	92.88	92.20	91.45

Statewide average is 88.56%

SWHHS Results Collections on Current

	Court Support Distributed FFY 2017	Current Support Due FFY 2017
SWHHS	$ 7,577,455	$ 9,801,864

Federal Performance Measures: Percent of Collections on Current

	2013	2014	2015	2016	2017
SWHHS	75.98	77.73	78.91	78.36	77.31

Statewide average is 74.53%

SWHHS Results Collections on Arrears

	Open Cases with Arrears Distributed FFY 2017	Cases with Arrears Due During FFY 2017
SWHHS	2,108	2,702

Federal Performance Measures: Percent of Collections on Arrears

	2013	2014	2015	2016	2017
SWHHS	76.97	78.22	78.93	76.64	78.02

Statewide average is 72.26%

County Results: Cost Effectiveness

	Court Support Distributed FFY 2017	Expenditures FFY 2017
SWHHS	$ 9,790,754	$ 1,782,162

Federal Performance Measures: Cost Effectiveness

	2013	2014	2015	2016	2017
SWHHS	$ 5.23	$ 8.04	$ 7.58	$ 5.55	$ 5.49

Statewide average is $3.30

For every dollar expended within the child support program, $5.49 was collected in child support!

FINANCIAL ASSISTANCE OR INCOME MAINTENANCE

Counties, through federal, state and county resources, have assumed responsibility for assuring that all people have access to sufficient financial resources to survive. Any person may seek help at Southwest Health and Human Services to meet their basic needs.

Why is it important?

Financial need may occur for individuals for reasons beyond their control. Some individuals may have recently lost their job, separated from their partner, or may not have the intellectual or emotional capacity to support themselves. Southwest Health and Human Services and the State of Minnesota work to assure minimal financial support and health care to all those who qualify.

What is the county's role?

The financial assistance program determines eligibility and issues benefits for all mandated public assistance, health care and childcare programs. The overall goal for the program is to assure that all people who request financial assistance for living or health care are responded to in a timely and respectful manner. Eligibility Workers in all six counties work with families and individuals to determine eligibility, enroll, and provide on-going support for the following programs:

CASH ASSISTANCE

DIVERSIONARY WORK PROGRAM (DWP)

The Diversionary Work Program helps families that are in need of cash assistance for the first time. The participants sign a contract with Employment Services in the four-month program. The goal is a fast and direct path to employment.

Diversionary Work Program Snapshot for 2017

- **23** currently enrolled
- **8%** have a disability
- **13%** have less than a high school education
- **26%** were employed

DWP Exit Summary for 2017

- Employed Services exited **184** people in 2017
- **43%** exited to unsubsidized employment at an average wage of **$12.87 per hour**
- **17%** were disqualified from DWP
- **35%** were transferred to Minnesota Family Investment Program (MFIP)

GENERAL ASSISTANCE (GA)

The General Assistance (GA) program helps people without children pay for basic needs. It provides money to people who cannot work enough to support themselves, and whose income and resources are very low. People who get GA are also eligible for help with medical and food costs through Medical Assistance (MA) and the Supplemental Nutrition Assistance Program (SNAP).

Something Good

The Unit had two workers graduate as part of the SEED Cohort in 2017. Jamie Hoffmann and Ashley VanOverbeke participated in the learning experience, which involved nine months of group activities once a month. This was offered to a limited number of staff through an application process. Graduation from the program-involved recommendations on how the agency should move forward with certain projects or ideas received through their team project.

Eligibility Supervisors, HR, and Collections worked with local funeral directors to update the agency's county burial policy. Policies from counties outside of SWHHS were collected to get ideas on what was the average expense, authorize payments, and funeral director feedback.

HOUSING SUPPORT (HS)

A state-funded program which provides, at a minimum, room and board for unrelated people who live in certain licensed or registered group living arrangements and who receive Supplemental Security Income (SSI) or would be eligible for SSI except for excess income and are blind, age 65 or older, or disabled and age 18 or older. In 2017, SWHHS monthly average of HS was 294 cases.

IV-E FOSTER CARE

IV-E Foster Care is for 24-hour care of a child providing one or more child(ren) with a substitute for the care, food, lodging, training, education, supervision, or treatment needed, but which for any reason cannot be furnished by their parents or legal guardians in their homes.

REFUGEE CASH ASSISTANCE (RCA)

The Minnesota Department of Human Services provides Refugee Cash Assistance (RCA) to persons with eligible status who are ineligible for Supplemental Security Income (SSI) or MFIP for up to eight months after arrival in the United States. Refugee Employment Services (RES) and Refugee Social Services (RSS) are available to assist eligible persons to attain self-sufficiency within this period of time. RCA participants may continue to receive Refugee Employment and Social Services after their RCA eligibility ends.

CHILD CARE ASSISTANCE PROGRAMS (CCAP)

The Child Care Assistance Program helps families with safe and affordable childcare. In 2017, Southwest Health and Human Services, and many of Minnesota's counties, experienced a decrease in the use of our childcare assistance funds. SWHHS's 2017 monthly average was 165 families.

EMERGENCY ASSISTANCE COUNTY CRISIS FUNDS (CCF)

Emergency Assistance County Crisis Funds (CCR) is vendor-paid assistance to avert an emergency. In 2017, SWHHS saw a monthly average of 29 cases and paid out a total of $71,897.97.

COUNTY BURIAL

In accordance to Minnesota Statute Chapter 261.035, SWHHS provides two burial options for residents in the six-county area. If a resident dies and does not have the funds to pay for his or her funeral expense SWHHS offers direct cremation or immediate burial. On an annual basis, the agency sets rates on an appropriate dollar amount allocated for burial or cremation. If the deceases has assets, the case is then referred to SWHHSs' Collection Officer to pursue a claim against the estate. In 2017, SWHHS helped with 62 burials totaling $246,556.30. This amount is approximately 7 percent of the total deaths in the six-county areas, and averages $4,000.00 per burial.

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP)

Minnesota Family Investment Program (MFIP) helps families with cash and food assistance within a 60-month lifetime limit. The caregiver/s meet with a Work Force Center employment counselor to develop a plan to become self-sufficient. The client, with the employment counselor, works on resume writing, job search, interviewing skills, education, and soft skills, as needed, for gainful employment. A Family Stabilization Service (FSS) plan is written for families needing more case management services.

MFIP Snapshot for 2017

- **482** cases enrolled with Employment Services
- **24%** have a disability
- **34%** have less than a high school diploma
- **9%** were in a sanction
- **42%** have a Family Stabilization Services (FSS) plan
- **47%** were employed full or part-time

MFIP Exit Summary for 2017

- Employment Services Exited **309** participants in 2017
- **113** exited to unsubsidized employment at an average wage of **$11.22 per hour**
- **12** participants closed at 100% sanction
- **6** participants closed at to SSI
- **10** exited as moved from the state
- **4** reached the 60 month lifetime limit and did not meet an extension category.

MEDICAL ASSISTANCE (MA) AND MNSURE

The way most people apply for healthcare changed January 1, 2014, due to the Affordable Care Act (ACA) named MNSure in Minnesota. All new applicants for healthcare are directed to apply online at http://mnsure.org and the system guides them through

METS – AKA MNSure

To the general public the program that rolled out in 2013 to offer a way for consumers to apply for public and private health care coverage is known as MNSure. To us, who have been assigned the task to manage the system for those applying for public programs, it is known as METS. The Minnesota Eligibility Technology System is the software system used to determine eligibility for health care coverage.

It is widely known that the rollout of METS had problems. Complicated procedures, incorrect results, incorrect and hard to understand notices and interface issues to MMIS. Medicaid Management Information System is a database that stores information for Minnesota Health Care Programs. Health Care providers then submit claims for payment of services to MMIS.

As result, the Eligibility Unit of SWHHS decided to create a METS Unit with workers who could concentrate on keeping up with system changes, finding workarounds to handle METS limitations and determine current and ongoing eligibility. During 2017, all Eligibility Workers were required to process applications in order to facilitate the ability to answer consumer questions. The 11 Eligibility Workers dedicated to the METS Unit were assigned to handle the more difficult cases, process renewals, resolve interface issues, fix prospects and complete case tasks.

the application process step-by-step. If people are unable to apply online, they can complete a paper application. In 2017, SWHHS had an average of 4,950 cases in the new eligibility system. SWHHS has approximately 3,400 MA cases remaining in our MAXIS system. Reflective of the agencies population, caseloads show non-Hispanic, Caucasian, females make up the majority of the cases receiving benefits.

TRANSPORTATION COORDINATION

Transportation coordination is provided to individuals and families who need additional assistance with transportation to medical appointments. SWHHS has specialized staff coordinating this service, making it easy for the client to access the service. The coordinator also helps with vouchers, reviews billing, and communicates with clients in regards to health care reimbursements. SWHHS administers this service in accordance to Federal Regulations and rules, State Statutes, and local rules and policies pertaining to those health care programs.

MINNESOTA CARE (MNCARE)

MinnesotaCare is a health care program for Minnesotans with low incomes. Enrollees get health care services through a health plan.

FOOD PROGRAMS

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SNAP, formerly known as Food Stamps, helps Minnesotans with low incomes receive the food they need for nutritious and well-balanced meals. The program provides support to help stretch a household food budget; not to meet all of a household's food needs. It is a supplement. Reflective of the agencies population, caseloads show non-Hispanic, Caucasian, females make up the majority of the cases receiving benefits.

SNAP Snapshot for 2017

- **161** SNAP Participants enrolled with Employment Services
- **$11.22** Average wage
- **26%** Disabled or found exempt
- **28%** Chemically Dependent
- **19%** Homeless
- **38%** Offenders

EMERGENCY PROGRAMS

EMERGENCY GENERAL ASSISTANCE (EGA)

Emergency General Assistance (EGA), provides once a year financial assistance to help pay for food, shelter or utility expenses in emergencies.

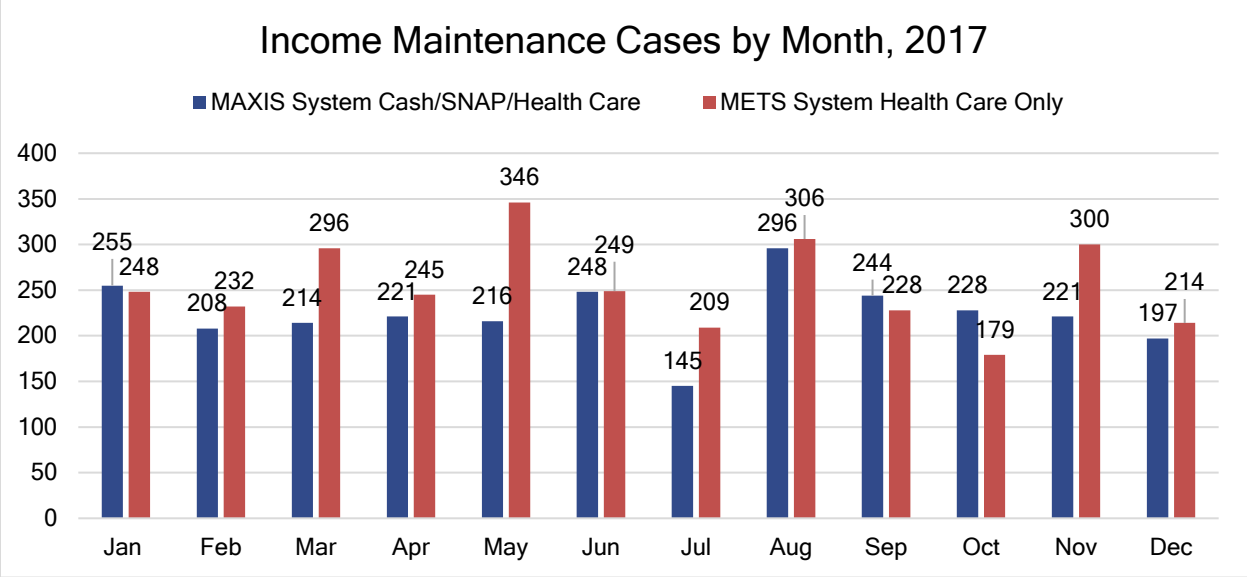
EMERGENCY MEDICAL ASSISTANCE (EMA)

Emergency Medical Assistance (EMA) covers the care and treatment of emergency medical conditions provided in an Emergency Department (ED) or in an inpatient hospital when the admission is the result of an ED admission. Emergency medical conditions include labor and delivery.

Trends

For more than 40 years, the Supplemental Nutrition Assistance Program (SNAP) has served as the foundation of America's national nutrition safety net. It is the first line of defense against hunger and offers a powerful tool for improving nutrition among low-income people. Each year states are recognized for exceptional nutrition assistance service including payment accuracy. There are several reasons payment accuracy is important. Accurate payments serve both clients and taxpayers well, and, promotes program integrity for the public. Areas reviewed include Program Access, Processing Timeliness, Payment Error Rate, and Case and Procedural Error Rate. In 2017, Minnesota received $1,373,693 in incentives due to low error rate and improved processing timeliness. SWHHS received $40,350. Usage of the bonus is limited to equipment and training to continue improving all target areas.

How are we doing?



WELFARE FRAUD

The Fraud Prevention Program was developed to prevent and reduce improper payments of public assistance benefits. Southwest Health and Human Services has a Fraud Prevention Specialist on staff who investigates all welfare fraud referrals. The fraud prevention program for the southwest region in Minnesota is comprised of ten counties: Cottonwood, Jackson, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock, and Yellow Medicine. Southwest Health and

Human Services is part of a region and shares the Fraud Prevention Specialist with four other counties.

Why is it important?

A person who provides false information or withholds facts to receive assistance they are not entitled to or assistance greater than they are entitled to may be guilty of wrongfully obtaining assistance and theft. Public assistance can be in the form of cash assistance, food assistance, childcare assistance, medical assistance, and personal care services. Program eligibility workers must make a fraud referral to the investigator to resolve current eligibility issues whenever the case file information exhibits characteristics of possible or potential misrepresentation or omission of relevant facts.

People who commit welfare fraud often provide false information, false representations, and conceal information about employment, income, assets, residency, household composition and absent parents of children. Some people who commit welfare duplicate assistance in more than one state. Even an attempt to wrongfully obtain assistance, is considered welfare fraud.

Trends

The counties within Southwest Health and Human Services, take fraud seriously and will investigate and pursue individuals who commit welfare fraud civilly and criminally. The consequences may include administrative actions, program disqualifications, and criminal charges. Criminal convictions often result in sentences that include serving time in jail or prison, fines, restitution, probation, and/or community service work. Theft of public funds is a felony no matter what the dollar amount.

The 2017 State Fiscal Year Fraud Report determined the 10 counties within the Southwest Regional Grant Counties had 245 cases referred for possible fraud. Within those cases, $39,840 in overpayments were cited because of the fraud investigations. An additional $28,000 was saved, as recipients were required to pay back benefits they received incorrectly. There was an additional cost savings of $129,093 as the conclusion of the investigation prevented incorrect use of public assistance benefits.

Welfare Fraud Prevention Goals

Southwest Health and Human Services' goals are to discourage fraud through public education and awareness, public identification of what is welfare fraud; detect and prevent welfare fraud by protecting the State of Minnesota's Public Assistance Benefit Programs; and increase public confidence in the administration of public assistance programs.

Reporting Suspected Welfare Fraud

If you suspect someone of welfare fraud, please report the suspected welfare fraud activity in the county of the potential fraudulent activity. You can also report welfare fraud statewide by calling the Welfare Fraud Hotline 24 hours a day, seven days a week, at 800-627-9977 or Twin Cities Metro Area at 651-431-3968. You may remain anonymous.

PUBLIC HEALTH DIVISION

Public Health work at Southwest Health and Human Services (SWHHS) is driven by the Local Public Health Act, Minnesota Statute Chapter 145A, which defines the requirements for Community Health Boards (CHB). Each Community Health Board must:

- Identify local public health priorities and implement activities to address those priorities and the areas of public health responsibility;
- Submit a Community Health Assessment and Community Health Improvement Plan (at least every five years);
- Implement a performance management process; and
- Annually report on a set of performance measures.

The areas of public health responsibility are described and reported on in more detail in the body of this document.

AREAS OF PUBLIC HEALTH RESPONSIBILITY

The six areas of public health responsibility include:

- Assure an Adequate Local Public Health Infrastructure
- Promote Healthy Communities and Healthy Behaviors
- Prevent the Spread of Infectious Disease
- Protect Against Environmental Health Hazards
- Prepare for and Respond to Disasters, and Assist Communities in Recovery
- Assure the Quality and Accessibility of Health Services

The body of this document will give a definition of each area and describe how the SWHHS Public Health Division is providing services and partnerships in and around each area.

ASSURE AN ADEQUATE LOCAL PUBLIC HEALTH INFRASTRUCTURE

By definition in Minnesota Statute Chapter 145A, Assure an Adequate Local Public Health Infrastructure, “this area of public health responsibility describes aspects of the public health infrastructure that are essential to a well-functioning public health system – including assessment, planning, and policy development. This includes those components of the infrastructure that are required by law for Community Health Boards. It also includes activities that assure the diversity of public health services and prevents the deterioration of the public health system.” (1)

Why is it important?

By working with community partners, public health is able to identify which issues are important statistically and collectively take action to address the issues. Public health does not have the resources to take on all of the community issues, but with strategic community partnership, public health can stretch those resources further and build relationships to fill the community's health needs.

What is the county's role?

Community Health Boards are required every five years to complete a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). It is best practice to work with the community to determine perceived issues and compare those to what disease trends are happening.

In December 2014, the SWHHS Community Health Board approved the current Community Health Assessment and Community Health Improvement Plan documents. These documents can be found on the SWHHS website: http://www.swmhhs.com/public-health-assessment-and-planning/. Annual performance measurement reports are submitted annually to the Minnesota Department of Health through the Planning and Performance Measurement Reporting System (PPMRS).

In addition, Community Health Boards need to make sure that they have competent staff to provide needed services in the community.

MAINTAINING A COMPETENT PUBLIC HEALTH WORKFORCE

In 2015-2016, SWHHS Public Health collaborated with the Minnesota Department of Health MDH) to administer and analyze a workforce assessment based on the Core Competencies for Public Health Professionals (Core Competencies). The Core Competencies are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages between academia and public health practice, the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. The Core Competencies provide a framework for workforce development planning and action. In 2017, work began on the SWHHS Workforce Development Plan.

Annual trainings provided for all agency staff include: 1) Blood Borne Pathogens, A Workplace Accident and Injury Reduction Act (AWAIR), Employee Right To Know (ERTK) 2) Mandated Reporting 3) Defensive Driving (every 3 years) 4) Fraud, Waste and Abuse (not all staff required) 5) Health Insurance Portability and Accountability Act, Data Privacy and Security. In 2017, SWHHS trained all staff on ALICE (Alert, Lockdown, Inform, Counter, Evacuate- also known as Active Shooter training) along with position critical programmatic training.

FUTURE PUBLIC HEALTH WORKFORCE

SWHHS sets out to assure adequate local public health infrastructure in several ways. One way is by promoting and maintaining a competent public health workforce. In 2014, SWHHS entered into a partnership with Southwest Minnesota State University (SMSU) to mentor students pursuing their bachelor's degree in nursing. Since 2015, students shadow public health nursing staff for 75 hours in a variety of program areas to get a firsthand look at what is involved in being a public health nurse (PHN).

LOCAL PUBLIC HEALTH ASSESSMENT AND PLANNING

Community Health Boards are required to, at a minimum, assess the community's health every five years. The last assessment was approved December 2014. In 2016, staff began planning the next assessment cycle due in December 2019. The first step was outreach to local health systems to discuss their Internal Revenue Service (IRS) regulated Community Health Needs Assessment process due every three years. SWHHS staff are working with the area hospitals to collaborate and align the Community Health Assessment (CHA) with their Community Health Needs Assessment.

Planning staff also determined that in order to meet accreditation guidelines, a Public Health Accreditation Board (PHAB) approved community engagement approach was needed. Several approaches were reviewed with Mobilizing for Action through Planning and Partnership (MAPP) being the method that would be used. Two staff and three Redwood County community partners went to training in May 2017. In September 2017 this core team, launched the Redwood County Steering Committee.

Staff are engaging other counties and community partners as they present readiness. Survey partnerships have been established with Sanford Luverne and Sanford Tracy as a start to the MAPP process in Rock and Lyon Counties. The goal is to have community input as to what makes a healthy community in all six SWHHS counties.

Additionally, data from various surveys and data collection sources was gathered in 2017 to establish levels and trends of disease, education, poverty, housing, transportation, environment, wellness, among other indicators.

The SWHHS region will be stronger as a result of these community lead, community focused initiatives. Once the Community Health Assessment is complete, the Community Health Improvement Plan (CHIP) will be created and is due to the Minnesota Department of Health by March 31, 2020.

CULTURAL FOCUS GROUPS

In the summer of 2017, Southwest Health and Human Services through the Statewide Health Improvement Partnership contracted with Wilder Research to conduct a community health needs assessment to identify the health needs and assets of prominent cultural groups in the six-county region. Wilder Research conducted five focus groups with four cultural communities in the southwest region: American Indian (Lower Sioux), Hmong, Latino, and Somali. SWHHS partnerships with Lower Sioux Community Health, United Way of Southwest Minnesota and

United Community Action Partnership were key in making the focus groups possible by helping to recruit focus group members, provide space and staff time. For more information, please see the four reports available on SWHHS website. http://www.swmhhs.com/public-health-assessment-and-planning/

HEALTH EQUITY DATA ANALYSIS (HEDA)

Each Statewide Health Improvement Partnership (SHIP) grantee was tasked with completing a HEDA project in 2017-2018. The project's goal was to identify a population of the community who are experiencing differences in health outcomes than other groups similar to them. SHIP staff gathered and compared data from several groups and identified Lincoln County residents who are 55 and over as having higher rates of chronic disease (high blood pressure, diabetes, high cholesterol, etc.) Staff then utilized service providers in the county to help recruit local residents to help identify the conditions in the county that may be contributing to the data differences. Focus groups and key informant interviews were conducted throughout the county. Questions were asked about healthy eating, physical activity, and tobacco use. Participants were also asked about recommendations for improving areas that were identified as barriers to health. For more information, please see the full report at http://www.swmhhs.com/public-health-assessment-and-planning/

PUBLIC HEALTH ACCREDITATION

In 2014, SWHHS working toward national public health accreditation. Since then, staff have been reviewing the 12 domains to determine areas of need or additional documentation to meet the standards. Public Health Accreditation Board (PHAB) accreditation is a standard of practice for public health agencies. It is thought, at some point, funding will be tied to having achieved national accreditation status.

Standards SWHHS has added since starting the accreditation process include:

- Performance Management policy approved December 2017 and determined eight areas to measure.
- The Board approved the strategic plan in February 2017.
- Community Health Assessment work with emphasis on community-driven processes.

As domains are reviewed, additional work will be needed to meet accreditation requirements.

PROMOTE HEALTHY COMMUNITIES AND HEALTHY BEHAVIORS

"This area of public health responsibility includes activities to promote positive healthy behaviors and the prevention of adverse health behaviors – in all populations across the lifespan in the areas of alcohol, arthritis, asthma, cancer, cardiovascular/stroke, diabetes, health aging, HIV/AIDS, Infant, child, and adolescent growth and development, injury, mental health, nutrition, oral/dental health, drug use, physical activity, pregnancy and birth, Sexually Transmitted Disease/Sexually Transmitted Infections, tobacco, unintended pregnancies, and violence. It also includes activities that enhance the overall health of communities." (1)

Promoting healthy communities and healthy behaviors responsibility has the largest number of programs devoted to it. Programs include Follow Along Program (FAP), Women, Infants and Children (WIC), Peer Breastfeeding Support, Family Home Visiting (FHV), Blood Lead Case Management, Temporary Assistance for Needy Families (TANF), Statewide Health Improvement Partnership (SHIP), ClearWay, and Planning and Implementation Grant (P&I).

FOLLOW ALONG PROGRAM

Follow Along Program (FAP) follows enrolled children (birth to three years) through parent answered ASQ (Ages and Stages Questionnaires) and ASQ-SE (Ages and Stages Questionnaires-Social Emotional) at certain ages during their child's development. The ASQ asks how the child is growing, playing, talking, moving, and acting. The results of the questionnaires are shared with parents. If there are any concerns, a nurse or other professional from the program refers children to appropriate resources, and provides parental support/education. There is no charge to families for this screening program.

Why is it important?

Early intervention from birth to age three will positively impact the child's health and the course of the child's educational experience.

What is the county's role?

Children with developmental delays are identified earlier and can be referred to services sooner than without the program. Early identification and intervention are shown to have better long-term outcomes.

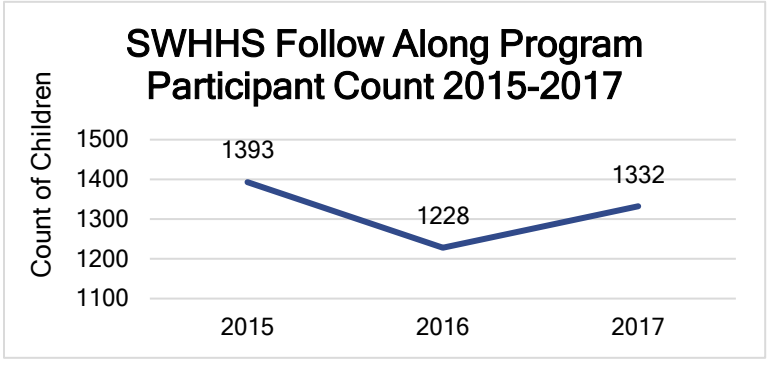
How are we doing?

Enrollment in the FAP program is voluntary and done through a variety of ways including: in-person, mailings, and on-line. With each questionnaire sent, parents are offered an opportunity to ask questions regarding their child's development or to request additional information on community resources.

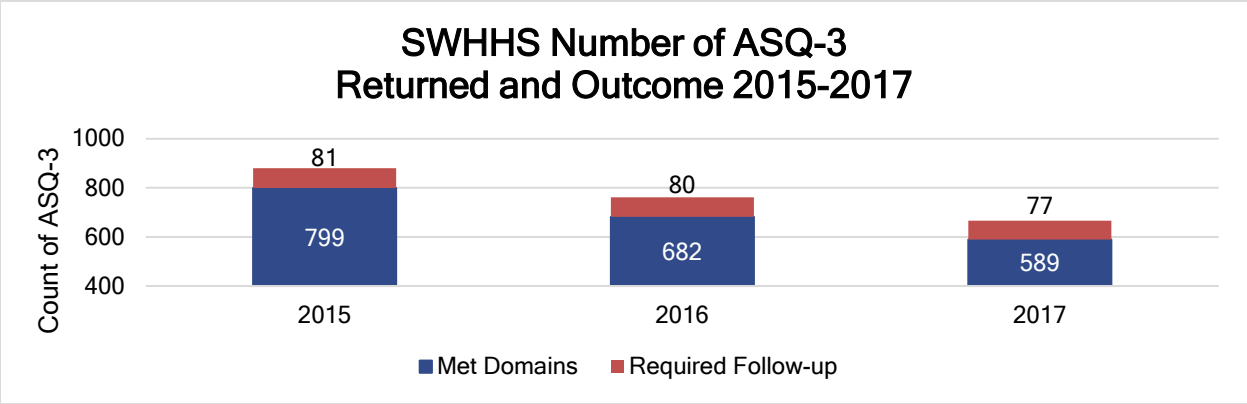
In 2017, of the returned ASQ's, 11.6 percent were found to have a

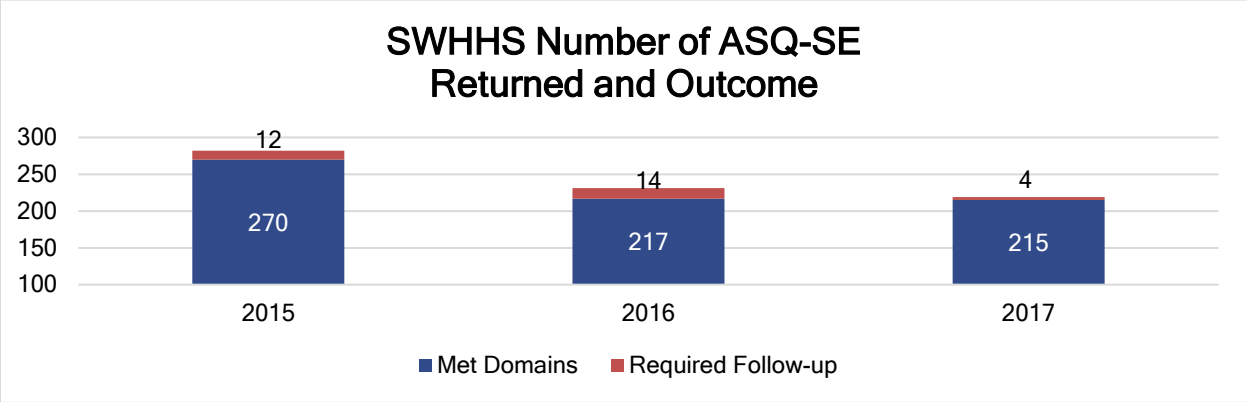
Something Good

Parent testimonial *"My child was enrolled in FAP at birth. The program gave me peace of mind that the development that I saw going on was on track with other children her age. When I had concerns, a nurse gave me resources to help my child get back on track. My child did not qualify for early childhood special education, but I was able to pursue the help she needed. It also gave me tools to convince her doctor that she needed a speech therapy referral instead of waiting to see how her speech developed. She is now 17 and you would never know that she struggled with speech early on."*



minimum of one domain that required follow-up from a nurse. Domains included in the ASQ are communication skills, gross motor skills, fine motor skills, problem solving and personal/social skills. Of the ASQ-SE parent questionnaires returned, 1.8 percent had social emotional concerns. These concerns are followed up on with the families, and referrals to other community resources including school districts are made.





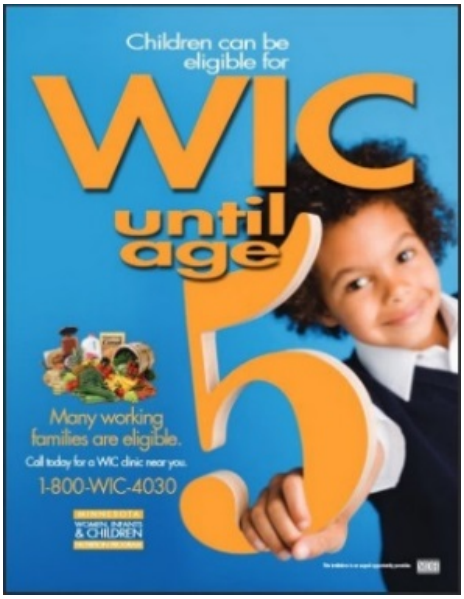
WOMEN, INFANTS, AND CHILDREN

Women, Infants, and Children (WIC) is a nutrition education program which provides supplemental foods to promote good health for pregnant, breastfeeding, postpartum women, infants, and children up to age five who meet income guidelines. Vouchers are redeemed at local grocery stores, which supports the economy in the six county service area.

WIC Voucher Dollar Redemption per County

	2013	2014	2015	2016	2017
SWHHS	$ 1,700,992	$ 1,673,834	$ 1,664,501	$ 1,661,944	$ 1,568,701
Lincoln	$ 35,740	$ 41,213	$ 33,543	$ 27,717	$ 23,777
Lyon	$ 800,941	$ 815,787	$ 842,619	$ 861,772	$ 809,885
Murray	$ 76,343	$ 72,743	$ 64,162	$ 61,909	$ 66,481
Pipestone	$ 264,974	$ 257,416	$ 266,821	$ 238,052	$ 229,206
Redwood	$ 356,887	$ 334,951	$ 316,077	$ 317,798	$ 309,331
Rock	$ 166,107	$ 151,725	$ 141,279	$ 154,696	$ 130,021

Why is it important?



WIC is an evidence-based program shown to save lives and improve the health of at-risk and low-income women, infants and children. Findings from various studies and reports show improved birth outcomes, savings in health care costs, improved diet, and diet related outcomes, improved infant feeding practices, increased utilization of medical care and immunizations, improved cognitive development, and improved preconception nutritional status. (2)

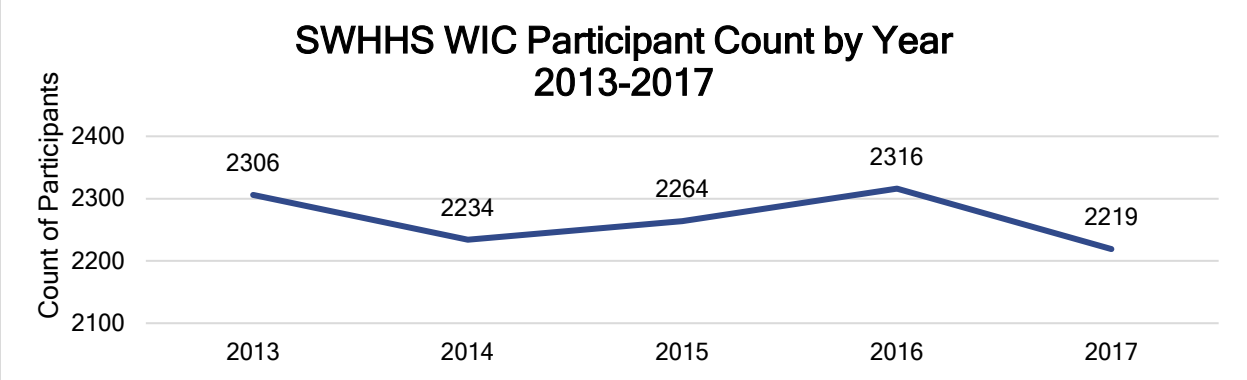
What is the county's role?

Local public health is the perfect vehicle to deliver WIC education services. Clients can be assessed for needs through WIC and given necessary information and referrals to other public health, county, or community-based programs when challenges arise.

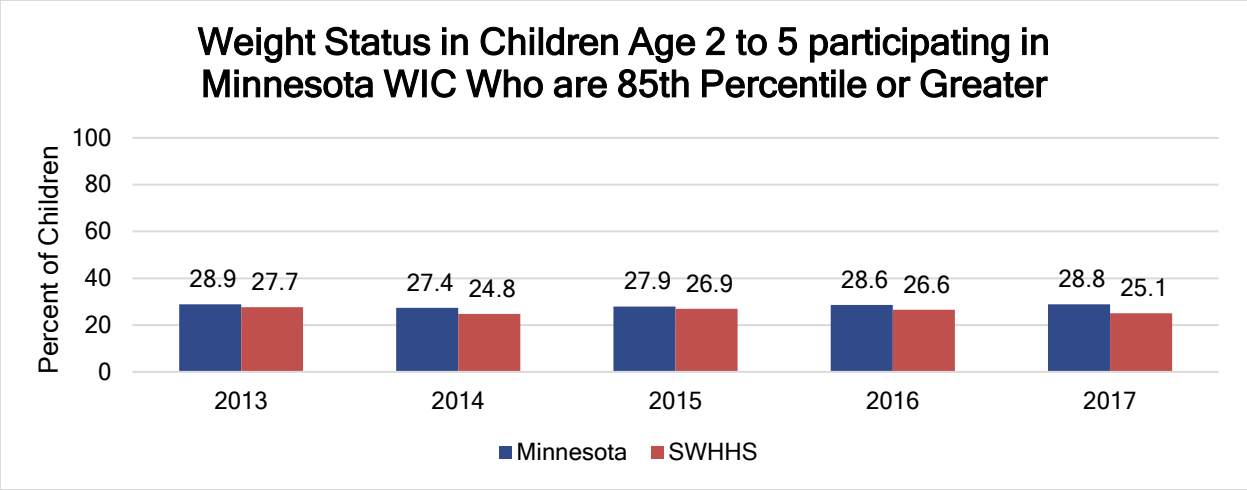
Trends

WIC across Minnesota is seeing a reduction of women, infants, and children enrolling in the program. Contributing to this decline is the lower birth rate and the lack of available time young families have to come to WIC appointments. The Minnesota WIC program is exploring additional methods to reach families, which include "virtual" educational appointments.

How are we doing?



There is a special focus on reducing obesity in vulnerable populations statewide, including those enrolled in WIC. SWHHS has slightly lower rates than the state.



PEER BREASTFEEDING SUPPORT

The Peer Breastfeeding Support program is designed to help support mothers who are enrolled in WIC and are planning to or who are breastfeeding their infant or young child. SWHHS has contracted peer counselors that work with breastfeeding women to support their breastfeeding goals. Peer counselors are trained women with breastfeeding experience and have been enrolled in WIC.

Something Good
Quotes from some of the moms in the peer program:
-"My peer counselor is always helpful and always answers my questions."
-"I recommend it to tons of my friends."
-"I would definitely recommend a counselor to a first time breastfeeding mom."
-"She is awesome and has been a lifesaver to this new momma."

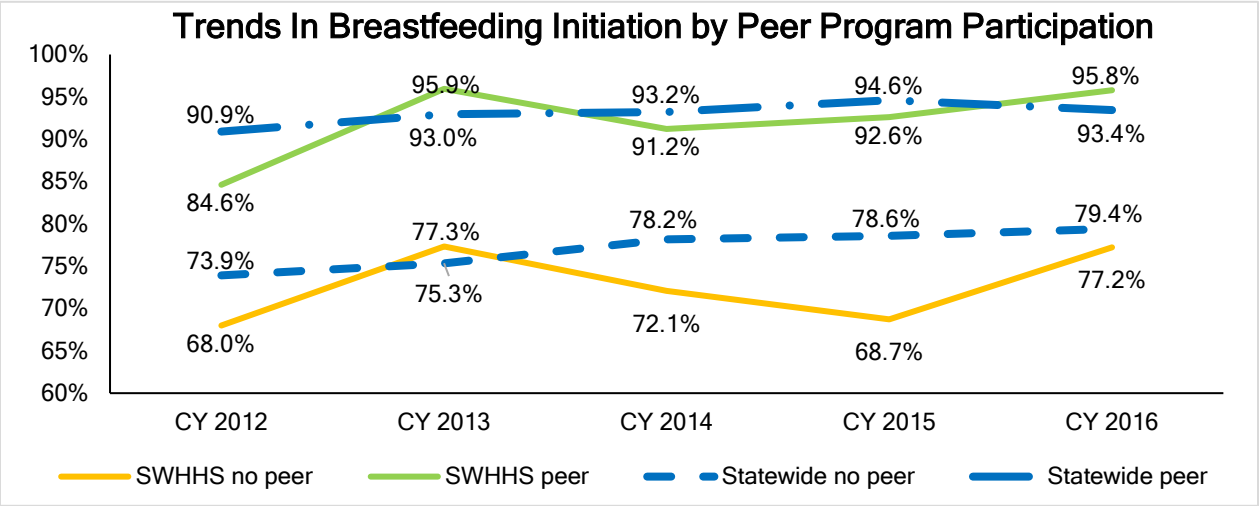
Why is it important?

Breastfeeding is one way to boost an infant's immune system, promote maternal-child bonding, and prevent obesity. The American Academy of Pediatrics, the World Health Organization and Healthy Minnesota 2020 all agree that exclusive breastfeeding for the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least 12 months of age and beyond improves outcomes for infants. (3) (4) (5)

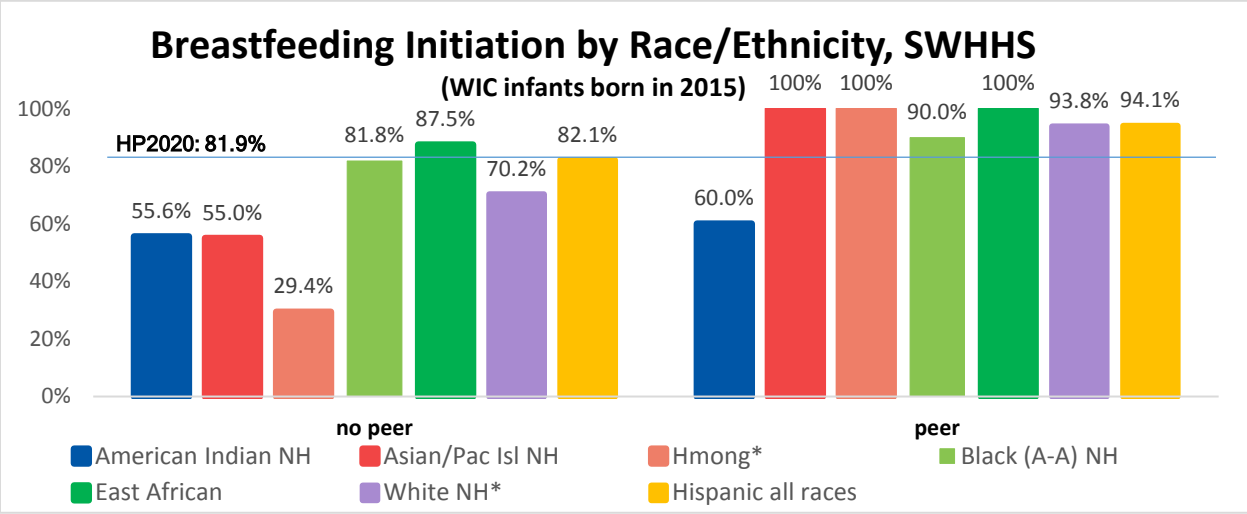
What is the county's role?

The Peer Breastfeeding Grant is fully funded through federal and state funds. Bringing in this opportunity for WIC moms to be supported by peers has shown an increase in breastfeeding rates at all levels. It has also advanced health equity to breastfeeding mothers of virtually all race and ethnic groups.

How are we doing?



Source: Minnesota Department of Health (2018). (3)



* rate between those who did and did not receive peer services differed significantly, p<0.05
East African includes Somali, Ethiopian, Kenyan, Sudanese and Oromo. NH: Non-Hispanic HP 2020: Healthy People 2020
Source: Minnesota Department of Health (2018). (3)

FAMILY HOME VISITING

Why is it important?

For at least 100 years, Family Home Visiting (FHV) has been used as a service delivery strategy to improve the health and well-being of families. Family Home Visiting has demonstrated a decrease in child abuse and neglect, decreased tobacco and alcohol use during pregnancy, increased breastfeeding rates, reductions in subsequent pregnancies, increased labor force participation by parents, and increased family income. (4) (5)

In 2014, through MDH sponsored training funds, eight SWHHS Family Home Visiting public health nurses were trained in an evidence-based curriculum to be used on family home visits. Because of this, the program became focused on families benefiting from on-going, long-term family home visiting. While this change in admission ultimately decreased the total families served, it also allowed our staff to spend the necessary time and resources to focus on high-risk families.

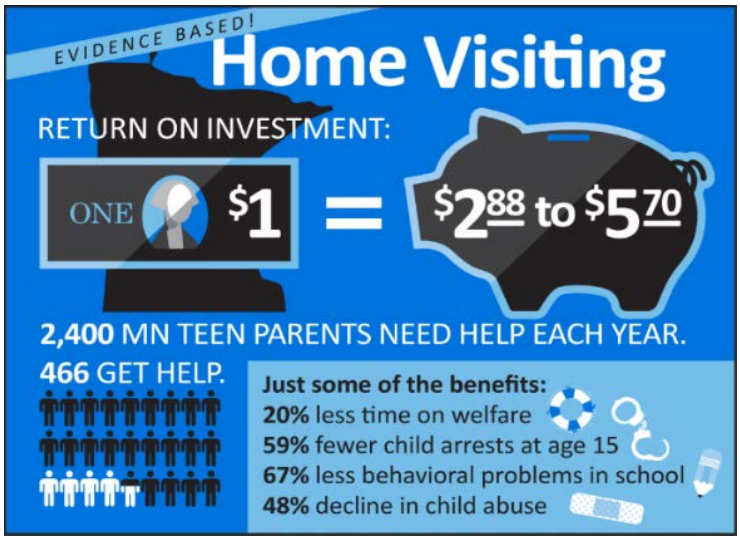
The evidence-based curriculum is designed to work with overburdened families who are at risk. This curriculum is best equipped to work with families who may have history of trauma, intimate partner violence, inadequate external support systems, mental health concerns, and/or substance abuse issues. Enrolled families are visited early, frequent, and long-term.

Something Good
What one FHV mom said about her experience with the program:

"She is very kind and respectful. We both learn new things every time she comes. She helps me to understand that being a single parent is ok and I am a strong woman and anything is possible."

What is the county's role?

Investment in FHV has positive, long-term effects on every aspect of society. Home visiting has been shown to make a difference by increasing tax revenues while decreasing costs within the education, social service and criminal justice systems. (4) (5) (6)



Source: Minnesota Department of Health (7)

SWHHS financially supports Supporting Hands Nurse-Family Partnership through Temporary Assistance for Needy Families (TANF) grant and Title V funding. The 20 county partnership was developed as a way to reduce administrative costs and bring this nationally recognized family home visiting program to the region.

Supporting Hands Nurse-Family Partnership (SHNFP) is a 20 county joint powers family home visiting program, that SWHHS has been a member of since 2008. SHNFP nurses follow first-time mothers from pregnancy until the child reaches the age of two years in order to help the mother have a healthy pregnancy, improve child health and development, and become more economically self-sufficient.

Nurse-Family Partnership is an evidence-based model that has gone through three randomized trials with first time, low-income moms. The outcomes of the research are unsurpassed in family home visiting models. Some of the outcomes achieved are:

- 39% fewer injuries among children

- 48% reduction in child abuse and neglect

- 59% reduction in child arrests at age 15

- 67% reduction in behavioral and intellectual problems at age 6

CAR SEAT PROGRAM

Federally approved car seats and booster seats have been required by Minnesota State Law since July 2009 to be used by children that are age seven and under unless the child is 4'9" or taller. (9)

Why is it important?

SWHHS has Certified Child Passenger Safety Technicians who provide education regarding the safe use of car seats. Seats are distributed to families in need in each of the counties. Properly installed car seats and booster seats have shown to increase the survivability of a crash. A person is four times less likely to be injured in a crash when they are properly buckled up. (9)

What is the county's role?

Public health's primary goal is prevention. Programming like Family Home Visiting and WIC are utilized as referral sources for families who are in need of prevention services, such as the distribution of car seats. By providing car seat education and seat checks, the agency provides a service not readily available in other sectors of the community.

Trends

Since laws around car seat and booster seats have passed, there has been a steady increase in the use of child car seats and booster seats by the public. (10)

How are we doing?

Car Seat Education & Distribution Counts by County Distributed

	2013	2014	2015	2016	2017
SWHHS	52	201	284	203	215
Lincoln	0	5	6	1	1
Lyon	29	95	179	95	100
Murray	3	10	7	14	46
Pipestone	9	43	38	50	24
Redwood	6	24	28	24	24
Rock	5	23	26	19	20

Seats distributed by SWHHS staff are obtained mostly through health plans. A small number are awarded through a small grant from the Department of Public Safety (DPS). The number of seats received from DPS, is not sufficient for the needs of the families in our communities. There is a need for additional funding to prevent injury and death to children involved in accidents.

STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP)

Since 2009, Minnesota has been investing in community-driven solutions through SHIP, which is designed to improve the health of all Minnesotans by reducing the risk factors that contribute to chronic disease and increasing opportunities for active living, healthy eating and tobacco-free living. SHIP seeks to create sustainable, systemic changes in schools, worksites, communities and health care organizations that make it easier for Minnesotans to incorporate healthy behaviors into their daily lives.

Why is it important?

Health care costs are continuing to rise. Since cancer, heart disease and stroke have a large behavioral component it is proven that working locally to reduce tobacco use, increase physical activity levels and change eating habits to improve nutrition are ways to reduce health care costs. (11)

What is the county's role?

Fifty years of efforts in tobacco, and now obesity, gives us a road map to health care costs savings. In fact, Trust for America's Health has found that an investment of $10 per person per year in evidenced-based community prevention programs focused on increasing physical activity, improving nutrition and preventing smoking and other tobacco use could save the country more than $16 billion annually and within five years–a return of $5.60 for every $1 spent. (11)

Something Good

In the year prior to the Super Bowl in Minneapolis, the Super Bowl 52 Legacy Grant Committee launched a 52 weeks of giving campaign that was focused on improving the health and wellness of young people through the theme of Fun, Fuel, and Fundamentals. They utilized SHIP grantees to collaborate with their communities to identify local projects.

The Marshall area chose to apply for and received $50,000 in funding for a new park located near the Marshall High School and the Red Baron Arena.

How are we doing?

In order for health improvements to take hold in communities, they need to be community driven. SHIP staff have collaborated with more than 50 community members between two community leadership teams (CLTs), one representing SWHHS northern three counties of Lincoln, Lyon and Redwood and the other representing SWHHS southern three counties of Murray, Pipestone and Rock. These teams help direct the work needed in each community.

Strategy: Increase Healthy Eating

Increase opportunity for healthy eating... → ...means more people are getting better nutrition... → ...leading to improved health... → ...lowered health care costs and improved quality of life.

Community:
Farmers' markets have been a focus in order to increase accessibility to fresh and local fruits and vegetables. SHIP has worked with four farmers' market sites to bring Electronic Benefit Transfer (EBT) access for those that are enrolled in Supplemental Nutrition Assistance Program (SNAP).

Schools:
SWHHS staff partnered with 15 school districts to serve healthier foods, both during school and at after-school events.

Worksites:
SWHHS has been working with 11 worksites in implementing policies, which support healthy food environments in meetings, break rooms and vending machines.
Breastfeeding support policies have also been implemented in worksite locations.

Strategy: Increase Active Living

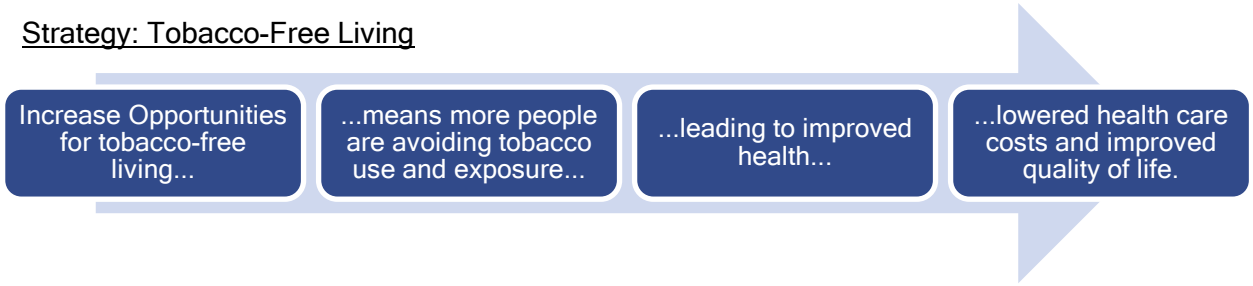
Increase opportunities for active living... → ...means more peope are getting the physical activity they need... → ...leading to improved health... → ...lowered health care costs and improved quality of life.

Community:
SHIP staff have worked with six cities to implement active living plans so people can bike or walk easier in their communities.

Schools:
SWHHS staff collaborated with 15 school districts to bring more activity into a student's day through active classrooms, safe routes to school and many more initiatives.
Safe Routes to School (SRTS) has been implemented in nine schools districts across SWHHS's service area.

Worksite:
Some of the worksite wellness strategies that have been implemented are standing or active meetings, standing workstations, and the availability of exercise equipment in the workplace.

Strategy: Tobacco-Free Living



SHIP staff worked with each Housing Urban Develoment (HUD) funded housing complexes to ensure they are in compliance with the new Smoke Free requirements starting July 31, 2018.

SHIP continues to provide technical assistance to any Multi Unit Housing development within SWHHS area. Assistance is provided in the form of lease addendums, education for residents on cessation resources, signage, and policy writing.

ClearWay Grant

SWHHS was awarded a grant through ClearWay of Minnesota June 2017. Through this grant, much progress was made in reducing tobacco use in SW Minnesota. Several Cities have passed ordinances that limit tobacco use in City Parks. Rock County updated their ordinance in 2014 to restrict sales to youth. Both Pipestone and Murray Counties restricted the use of e-cigarettes in all public buildings and created a tobacco use restriction near entrances and exits of all public buildings. In addition, several businesses have passed tobacco free building and grounds policies. Tobacco work continues through the SHIP grant.

PLANNING AND IMPLEMENTATION GRANT

The Planning and Implementation Grant (P&I) in Pipestone is a five-year grant funded by the Minnesota Department of Human Services, Behavioral Health Division. The grant is designed to use multiple strategies to reduce and prevent underage alcohol use. Pipestone is one of nine communities in the state of MN awarded this grant in 2016 and is among the third cohort to be

awarded grant funding for this project. The 20+ communities that previously received P&I funding have seen a dramatic decrease in 30-day alcohol use among youth in their communities.

Why is it important?

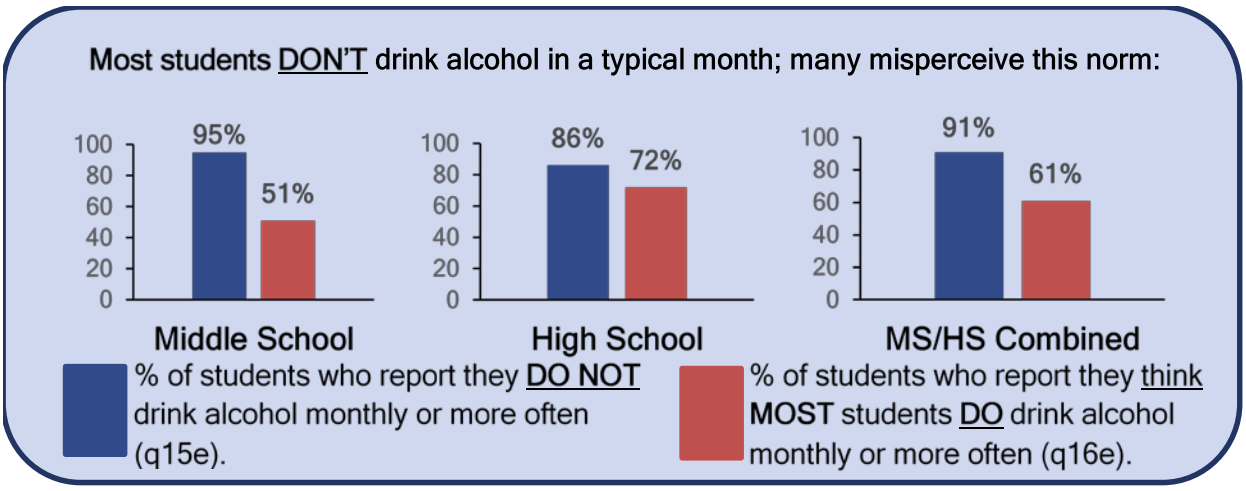
The grant provides funding to focus on multiple strategies to help prevent underage alcohol use. Some of the strategies include, but are not limited to:

- In-school, evidence-based alcohol prevention curriculum
- Youth leadership trainings
- Youth leadership groups that promote substance-free activities
- Collaboration with local law enforcement
- Training opportunities for coalition and community members
- Community education forums
- Positive Community Norms Campaign (PCN): The PCN campaign is designed to help reduce misperceptions regarding behaviors related to underage drinking. Perceptions are the basis of our own reality and in return drive most of our decisions and behaviors.

What is the county's role?

While most of our students are making good decisions, the negative impacts for those that do use can be devastating. Alcohol use contributes to poor academic performance, violence, property damage, sexual assault, and other negative consequences. SWHHS, in collaboration with Pipestone Area Schools and the Pipestone community, applied for funding through the Department of Human Services to help reduce the number of students using alcohol, tobacco and other drugs.

How are we doing?



Source: The Montana Institute. (2017) (12)

Most students NEVER use tobacco, marijuana, or prescription drugs;

	Marijuana	Prescription Drugs	Cigarettes	E-Cigarettes	Chewing Tobacco snuff or dip
% MS & HS actual NEVER USE	83%	90%	81%	90%	82%
% MS & HS who THINK most other students HAVE used	81%	73%	86%	65%	77%

Middle School (MS) 6-8 grade, High School (HS) 9-12 grade
Source: The Montana Institute. (2017) (12)

PREVENT THE SPREAD OF INFECTIOUS DISEASE

This area of responsibility focuses on infectious diseases spread person to person, as opposed to diseases that are initially transmitted through the environment (e.g., through food, water, vectors and/or animals). It also includes the public health department activities to detect acute and communicable diseases, assure the reporting of communicable diseases, prevent the transmission of disease, and implement control measures during communicable disease outbreaks. (1)

Why is it important?

When an infectious disease occurs in a SWHHS county, public health provides investigation and follow-up as directed by the Minnesota Department of Health (MDH). Public health's effort would include coordination of resources, specimen collection, contact investigation, immunizations of persons at risk, and education. Examples of outbreaks public health may follow, include, but are not limited to:

- Salmonella
- Tuberculosis
- Sexually Transmitted Infections
- E. Coli
- Meningitis
- Measles

What is the county's role?

Public health is the first line of defense in the spread of infectious disease. Depending on the disease, public health tailors its response to fit.

Major outbreaks in the SWHHS service area of the past five years include:

- 2014 Ebola outbreak was an international event that SWHHS monitored and educated the public on.
- 2015 E. Coli outbreak in a daycare. SWHHS provided information and educated to the daycare, healthcare providers, parents and the community about E. Coli. Under the direction of MDH, public health worked to implement strategies to eliminate the further spread of the disease.

- 2017 Measles outbreak was limited to only a few counties in Minnesota outside of the SWHHS service area. SWHHS was vigilant and worked with at risk groups to ensure they were educated and vaccinated.
- 2017 E. Coli outbreak in a daycare. SWHHS provided information and education to childcare, healthcare providers, parents and the community about E. Coli. Under the direction of MDH, public health worked to implement strategies to eliminate the further spread of the disease.

IMMUNIZATIONS

SWHHS provides immunizations through the Minnesota Vaccine for Children program (MnVFC). This program offers immunizations at a nominal fee to children who are zero through 18 years of age who qualify. To be eligible a child must be:

- Uninsured -has no insurance coverage.
- Underinsured -has insurance coverage but it does not cover certain vaccines or covers vaccines but has a fixed dollar limit or cap for vaccine. Once the cap is reached, the child is eligible. *Note that children whose health insurance plan covers vaccinations but have out-of-pocket costs due to a high deductible are not eligible.
- American Indian/Alaskan Native
- Covered by Minnesota Health Care Programs (13)

SWHHS also has limited vaccine for adults 19 years of age and older that meet qualifying criteria of uninsured or underinsured. (13)

Why is it important?

Vaccinations are the first line of defense against communicable diseases like polio, measles, mumps, rubella, human papillomavirus (HPV), whooping cough, influenza, and hepatitis A, B and C, just to name a few. Vaccines were instrumental in eradicating the very deadly disease small pox. The more people in the community immunized, the greater the protection for the whole community. This is called herd immunity. Immunizations are no longer just for children but are essential for adults as well to prevent the start and spread of disease.

What is the county's role?

Many immunizations are required by Minnesota Statute 121A.15 in order for children to enroll in childcare or school. (14) Because of this, SWHHS is enrolled in Minnesota Vaccine for Children Program (MnVFC). By implementing the MnVFC program, vaccinations can be delivered on time to the area's most vulnerable populations, which protects the community as a whole. (13)

Trends

Over the years, there has been an increase of conscientious objectors to vaccinations for a variety of reasons. SWHHS continues to educate the public on the need for children and adults to be vaccinated through word of mouth, social media campaigns, radio shows or other forms of public communications.

How are we doing?

Vaccinating children and adults is a joint effort between area clinics as well as SWHHS. Each entity has its unique place in the control of vaccine preventable diseases. The majority of the vaccinations for the SWHHS service area occur in the medical clinic. For SWHHS agency, the majority of vaccines given are provided in the Lyon County office. SWHHS has the opportunity to educate on the need for immunizations in the clinic setting and works closely with clinics on vaccine storage and handling as well as helping clinics to set goals to improve their immunization rates. SWHHS provided 677 immunizations in 2017.

TUBERCULOSIS CONTROL

SWHHS Public Health provides case management, education, and follow-up for persons with active tuberculosis or latent (inactive) tuberculosis under the guidance of MDH. Services include; administration and interpretation of mantoux tests, contact investigation, coordination of medication and case management.

Why is it important?

Tuberculosis (TB) is a serious infectious disease that is spread through the air. It is one of the most common infections in the world. When a person with infectious TB disease coughs, sneezes, speaks, or sings tiny particles carrying the disease can be expelled. Some strains of TB are resistant to the medications normally used to treat the disease. This drug resistance makes the TB disease more difficult to treat. Part of TB prevention is follow-up with clients that have latent (inactive) TB. Case management with medication distribution is provided on a monthly basis, usually for nine months. This treatment plan helps prevent a client from converting to active TB disease.

What is the county's role?

Disease prevention and control activities related to tuberculosis are the responsibility of local public health, under the direction of MDH. This includes case management, disease investigation, contact investigation, and medication compliance. A client with active TB disease receives Direct Observed Therapy (DOT). This means daily monitoring of the client's ingestion of his/her medications for up to six months.

Trends

Although multi-drug resistant cases have not occurred in the SWHHS region at this point, there have been such cases in Minnesota. These cases lead to increased case management. History shows that the resurgence of TB disease is directly related to funding for TB control and public health efforts.

How are we doing?

Between 2003 and 2017 there were 13 active TB cases in the SWHHS service area. In 2017, SWHHS case managed 55 clients with latent TB, and distributed 301 monthly medications.

REFUGEE HEALTH

A refugee is someone who has been forced to flee his or her country because of persecution, war or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Public health is the initial contact for refugee and or change of status health assessments. Public health assists in reviewing of forms, completion of immunizations if needed and coordination of refugee/change of status medical assessments. Public health works closely with the local medical providers to provide these services.

Why is it important?

When a refugee comes to Minnesota, public health helps the refugee navigate a complex system and provides referrals to health care clinics to assess the refugee's health status. Some countries have very limited health services or because of war or armed conflict, services have all but stopped. A review of immunizations provides the refugee with protection from infectious disease. Tuberculosis and intestinal parasites are also screened for either by public health or the health care clinic to ensure they start their new life in the United States healthy. (16)

What is the county's role?

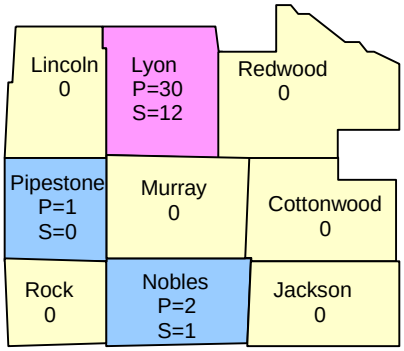
Every state is required to offer a health exam to refugees that have newly arrived according to the Federal Refugee Act of 1980. Minnesota requires each county local public health agency to facilitate health screenings for newly arrived refugees. (17) These health exams need to be completed within 90 days of the refugees' arrival to Minnesota. Public health's role is to coordinate these efforts, provide case management as well as connecting clients to other needed resources.

Trends

In 2017, SWHHS public health nurses assisted clients in completing 106 refugee health or change of status assessments.

How are we doing?

2016 Primary (P) & Secondary (S) Refugee Arrivals to SWHHS



Source: Minnesota Department of Health (16)

2016 Nationality of Refugee Arrivals in SWHHS

Nationality	Primary	Secondary
Burma	0	8
Ethiopia	3	0
Iraq	1	0
Somalia	27	4

Source: Minnesota Department of Health (16)

Refugee Health Program: State Health Screening Indicators 2016

Indicator	Objective	State	SWHHS
Health Assessment within 90 Day of Arrival	95%	91%	97%
Immunization Series Initiated or Continued	90%	91%	97%
Follow-up of Refugees with TB-Class A	100%	96%	n/a
Follow-up of Refugees with TB-Class B1	95%	96%	100%
Refugee with LTBI that have been Place on Therapy	85%	85%	100%
Refugee with LTBI that have been Placed and Completed Therapy	70%	90%	100%
Refugees that have Received a Hepatitis B Surface Antigen Test	95%	89%	100%
Refugees that have been Tested for Parasitic Infections	95%	79%	100%
Refugees < 17 YO Screened for Lead Poisoning	95%	97%	100%
Newly Arrived Refugees Screened for HIV	95%	99%	100%

Source: Minnesota Department of Health (16)

PROTECT AGAINST ENVIRONMENTAL HEALTH HAZARDS

This area of responsibility includes aspects of the environment that pose risks to human health (broadly defined as any risk emerging from the environment), but does not include injuries. This area also summarizes activities that identify and mitigate environmental risks, including foodborne and waterborne diseases and public health nuisances. (1)

What is the county's role?

Community Health Boards have a duty to protect the public from environmental health hazards by identifying issues, developing policies, and administering programs, which reduce the risk of exposure to these hazards. SWHHS has a strong local environmental health program that is critical to the well-being of community members and has made an investment to promote these environmental health programs.

The essential activities of the SWHHS Environmental Health staff fall into four program areas:

- Environmental Health Outreach
- Food, Pools and Lodging Program
- Public Health Nuisances Investigation
- Water Lab

The work and activities SWHHS does in these program areas is designed to identify environmental health risks to prevent the occurrence of foodborne and waterborne diseases, mitigate and prevent public health nuisances, promote the testing of drinking water obtained from a private source and educate the public about healthy home environments.

Healthy Homes Grant

From December 2015 to September 2017 SWHHS participated in the Healthy Homes Grant. This grant provided funding to inspect homes for families that were concerned with issues in the home that effect the families' health. Up to $750 per home was available to purchase items needed to correct any issues found in the home. There were 213 assessments completed by staff from SWHHS and Southwest Minnesota Housing Partnership.

How are we doing?

Radon is the second leading cause of lung cancer. (18) The southwest region of Minnesota is an area with the greatest potential for high radon levels. Entry of radon into a home depends on many factors including soil type, type of foundation, previously installed radon reduction mechanisms, type of heating/air conditioning system, and weather.

SWHHS conducts outreach activities to promote radon awareness and testing for radon in the home environment. In 2017, SWHHS provided 71 short-term radon tests to community members who were concerned about radon in their home. The following chart illustrates the percentage of SWHHS homes who tested positive for radon from 2010-2016.

Percent of Properties that Tested Positive for ≥ 2 pCi/L and ≥ 4 pCi/L 2010-2016

	Lincoln	Lyon	Murray	Pipestone	Redwood	Rock
Percent of Properties Tested ≥ 2 pCi/L	92.6%	82.6%	93.2%	92.1%	91.5%	93.0%
Percent of Properties Tested ≥ 4 pCi/L	75.5%	66.5%	81.8%	70.2%	75.1%	82.0%
Average Annual Number of Properties Tested	15.1	81.4	30.1	19.3	51.9	16.6

Source: Minnesota Department of Health. 2018. (18)

FOOD, POOLS AND LODGING PROGRAM (FPL)

SWHHS is delegated by the Minnesota Department of Health to license and inspect food, pool, lodging, campground and manufactured home park establishments in Lincoln, Lyon, Murray, Pipestone, Redwood and Rock Counties. SWHHS currently licenses approximately 420 establishments and inspects these establishments to ensure compliance with applicable Minnesota Statutes and Rules. By having local control, SWHHS staff are able to build relationships with the establishments, which allows questions or concerns to be addressed in a timely manner.

In addition, SWHHS is delegated by the Minnesota Department of Health to monitor public non-community transient water systems at facilities licensed by the agency. This includes taking annual water samples and reviewing the water distribution system of licensed facilities who obtain their water from a nonpublic source. SWHHS oversees approximately 20 facilities with a non-community transient water system.

Trends

In 2017, SWHHS expanded its delegation agreement with the Minnesota Department of Health to assume the responsibility for licensing and inspecting FPL facilities in Lyon and Redwood counties. Due to the program expansion, SWHHS hired an additional public health sanitarian to complete annual inspections and conduct enforcement activities.

How are we doing?

Count of Licensed Food and Lodging Establishments by County

	2013	2014	2015	2016	2017*
SWHHS	190	185	181	180	363
Lincoln	43	41	39	37	33
Lyon	*	*	*	*	121
Murray	53	52	52	52	50
Pipestone	47	46	45	46	43
Redwood	*	*	*	*	74
Rock	47	46	45	45	42

* Lyon and Redwood were not part of the delegation agreement until 2017

Count of Licensed Pools by County

	2013	2014	2015	2016	2017*
SWHHS	11	12	12	12	27
Lincoln	2	2	2	2	2
Lyon	*	*	*	*	10
Murray	2	2	2	2	2
Pipestone	5	5	5	5	5
Redwood	*	*	*	*	5
Rock	2	3	3	3	3

* Lyon and Redwood were not part of the delegation agreement until 2017

Count of Licensed Manufacturing Home Parks and Campgrounds by County

	2013	2014	2015	2016	2017*
SWHHS	26	28	29	29	44
Lincoln	9	10	10	10	10
Lyon	*	*	*	*	8
Murray	11	12	12	12	12
Pipestone	3	3	3	3	3
Redwood	*	*	*	*	7
Rock	3	3	4	4	4

* Lyon and Redwood were not part of the delegation agreement until 2017

Inspection violations and complaints

Stomach pains and never-ending trips to the bathroom are telltale signs that you have consumed contaminated food or water. Prevention is key to keeping the public safe from foodborne and waterborne illness. The Centers for Disease Control and Prevention (CDC) have identified five major risk factors that cause foodborne illness outbreaks. Violations observed during inspections related to these risk factors are considered critical violations.

- Poor personal hygiene of food handlers. This includes restricting ill employees from working, proper hand washing, limiting hand contact with ready-to-eat foods.
- Holding food at the wrong temperatures
- Cooking foods to the wrong temperatures
- Cross Contamination and not properly cleaning and sanitizing equipment
- Serving food from unsafe sources to customers

The inspections SWHHS staff conduct focus on educating food workers on risk factors, requiring corrective action when a violation is observed, and conducting follow-up inspections to ensure the corrective action is completed. The following chart shows the number of critical and non-critical violations issued by inspection staff over the last three years.

Inspection Overview

	2015	2016	2017*
# of Inspections Conducted	278	286	575
# of Violations Issues	1122	956	1723
# of Critical Violations Issues	250	176	382

* Lyon and Redwood were not part of the delegation agreement until 2017

SWHHS investigates all complaints and concerns regarding the facilities under the agency's jurisdiction. Investigations of complaints take place within one business day for imminent health concerns and five working days for other complaints. Complaints related to establishments not licensed by SWHHS are referred to the responsible agency. An inspection report that includes observations of violations and corrective actions is provided to the license holder or representative.

FP&L Complaints by Year and Validity

	2013	2014	2015	2016	2017*
Establishments with Complaints	9	7	4	5	14
Non-Establishments with Complaints	1	0	1	1	1
Valid Complaints	6	4	2	5	10
Not Valid Complaints	3	2	0	1	3
Undetermined	0	1	3	0	2

* Lyon and Redwood were not part of the delegation agreement until 2017

Food Service during Special Events

Special event food service licenses are required when food is served in conjunction with community celebrations or fund raising activities. Individuals or groups who plan to serve food to the public during these short-term, one to three day events must complete a special event food service application. Prior to issuing a license, environmental health staff review and approve food stand menus to ensure equipment and facilities are sufficient to serve food safely. SWHHS staff also provides food safety information to all applicants.

Count of Special Event Licenses Issued by County

	2013	2014	2015	2016	2017*
SWHHS	99	111	96	96	216
Lincoln	40	38	40	42	37
Lyon	*	*	*	*	37
Murray	26	33	24	18	21
Pipestone	18	23	17	21	22
Redwood	*	*	*	*	79
Rock	15	17	15	15	20

* Lyon and Redwood were not part of the delegation agreement until 2017

PUBLIC HEALTH NUISANCES

Why is it important?

By law, public health nuisances are the responsibility of Community Health Boards. Public health nuisance is defined in Minnesota Statute Chapter 145A.02, Subdivision 17 as "any activity or failure to act that adversely affects the public health." (19)

These are examples of some public health nuisances:

- Improperly stored solid waste, such as rotting garbage or dead animals
- Insect or rodent infestations
- Evidence of a meth lab or other clandestine drug manufacturing
- Unsafe living conditions that affect children and vulnerable adults such as inadequate sewage disposal, feces accumulation, or garbage accumulation (19)

Trends

In 2017, complaints ranged from unsanitary conditions, roach and rodent infestations, and animal harborage issues related to abandoned property.

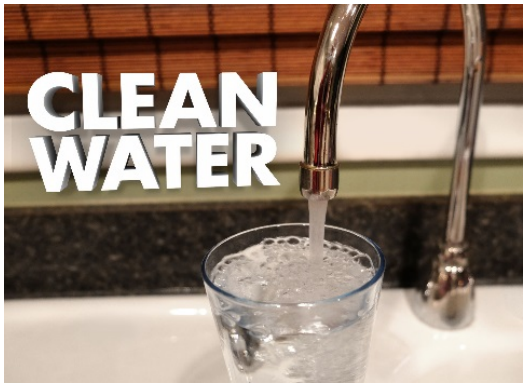
How are we doing?

Count of Nuisance Complaints Received by SWHHS

	2013	2014	2015	2016	2017
Complaints	6	10	8	2	6

WATER LAB

Why is it important?



A safe and plentiful water supply is essential for humans and animals, yet many private water supplies are contaminated. Some contaminants have recommended levels based on the taste desirability of water; however, Coliform Bacteria, Nitrate-Nitrogen, Sulfates, and Sodium have safe levels based on possible health effects.

Water quality cannot be determined simply by looking at it. To ensure drinking water is safe for use, a sample from the water supply is collected by the homeowner and sent to a certified laboratory for analysis. SWHHS water laboratory is certified by the Minnesota Department of Health for analysis of the following drinking water quality parameters:

- Total Coliform Bacteria
- E.Coli Bacteria
- Nitrate-Nitrogen

The SWHHS Environmental Health Laboratory provides water analysis services to all of southwest Minnesota. Water analysis fees are comparable to other laboratories. In addition to water analysis, SWHHS staff answer questions the public might have regarding health effects from contaminated water, water quality concerns, and possible solutions for treatment of contaminated water. Free water testing is available for those who meet income guidelines and are a resident of Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties. Applications for free water testing are available at all SWHHS offices. Free tests include Coliform Bacteria, Nitrate-Nitrogen, and a choice between Sulfate and Fluoride analysis.

How are we doing?

The following charts illustrate the water testing history of SWHHS lab. The number of samples received and tests completed have remained consistent over the last several years.

Count of Water Samples Received and Tested Per Year

	2013	2014	2015	2016	2017
Samples Received	814	906	1057	1247	986
Tests Performed	1168	1316	1431	1706	1495

Total coliform bacteria are organisms found commonly in soils and in the intestines of humans and animals. A positive total coliform bacteria test indicates contamination by human or animal waste or from the surface water of soil. Any presence of coliform bacteria is considered unsafe. The presence of total coliform bacteria indicates the possibility of other disease causing organisms (called pathogens) to be present in the water. E. Coli., a strain of total coliform bacteria, is tested for if the test comes back positive for coliform bacteria.

Count of Water Samples Tested for Coliform Bacteria & Containing Total Coliform Bacteria

	2013	2014	2015	2016	2017
Coliform Tests Performed	NA	805	1050	1248	1000
Positive Coliform Tests	NA	NA	99	171	60

Nitrate is a naturally occurring contaminate, but is also the end product from the breakdown of human or animal waste or fertilizers. Nitrate levels above 10 mg/L can cause a condition commonly known as “Blue Baby Syndrome” (Methemoglobinemia) in infants less than six months old. This condition occurs when nitrate is ingested and then converted to nitrite by stomach bacteria. The nitrite then reacts with hemoglobin in the blood to form methemoglobin. The presence of methemoglobin reduces the ability of the blood to carry oxygen. The baby’s skin will turn a bluish color. Suffocation can occur and if left untreated, the infant can die. “Blue Baby Syndrome” has been known to occur after just one day of exposure to high nitrate levels. Excessive nitrate-nitrogen may also effect livestock health, causing Vitamin A deficiency, scours, abortion or loss of production. Boiling the water will not remove nitrates; it can actually increase the concentration of nitrate in the water.

Count of Water Samples Tested for Nitrates and that Containing Unsafe Levels Nitrate

	2013	2014	2015	2016	2017
Nitrate Tests Performed	NA	92	97	130	120
Nitrate Results Above 10mg/L	NA	NA	12	14	9

PREPARE FOR AND RESPOND TO DISASTERS, AND ASSIST COMMUNITIES IN RECOVERY

This area of responsibility includes activities that prepare public health departments to respond to events and incidents and assist communities in recovery, such as providing leadership for public health preparedness activities with a community; developing, exercising, and periodically reviewing response plans for public health threats; and developing and maintaining a system of public health workforce readiness, deployment, and response. (1)

Why is it important?

SWHHS Public Health Emergency Preparedness Department works to increase Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties' ability to respond to public health emergencies. The agency works to prevent, protect against, quickly respond to and recover from health emergencies. Public health emergencies include:

- Infectious disease outbreaks/pandemics
- Effects of severe weather, natural disasters, and power outages
- Incidents resulting in mass casualties
- Toxic chemical or radiological releases
- Acts of bio-terrorism

Staff work with county emergency managers, clinics, hospitals, city and tribal governments, schools, and others to write plans, train and exercise so that all are familiar with the plan and can correct any parts of the plans that do not work well. These efforts create trust among agencies that will be vital to success should a public health emergency hit one or all our communities.

SWHHS is also part of the Health Alert Network (HAN). Notifications about disease outbreaks, environmental threats, natural disasters or acts of terrorisms, are sent from MDH to SWHHS, who in turn forwards them on to local clinics, hospitals, and other partners based on the level of the alert. (20)

What is the county's role?

Counties and Community Health Boards are required through Minnesota Statute Chapter 145A.04 to prepare and respond to disasters and assist communities in recovery. Currently, there are federal Public Health Emergency Preparedness funds to assist SWHHS with this work.

How are we doing?

In 2017, Health Alert Network response times became one of SWHHS performance measures. Rates of response to HAN messages are effected by multiple variables. These include time of day of the alert to change in staff at the hospital or clinic. SWHHS's target for HAN response is 80 percent for clinics and 100 percent for hospitals.

SWHHS Health Alert Network Tracking Data

	2013*	2014	2015*	2016	2017
Hospitals	90%	82%	92%	92%	89%
Clinics	56%	80%	69%	78%	78%

*Indicates years where partial data was available. 2013 Jan to Aug and 2015 Jan to March
Source: Southwest Health and Human Services. (2018)

ASSURE THE QUALITY AND ACCESSIBILITY OF HEALTH SERVICES

This area of responsibility includes assuring health services by engaging in activities such as assessing the availability of health-related services and health care providers in local communities, identifying gaps and barriers in services, convening community partners to improve community health systems, and providing services identified as priorities by the local assessment and planning process. (1)

Why is it important?

Health care access can depend on several factors such as the availability of health professionals in an area and the affordability of insurance and care. Early intervention in disease treatment can translate into better health outcomes and reduce financial risk for citizens and communities as a whole.

What is the county's role?

Counties and Community Health Boards are required through Minnesota Statute Chapter 145A.04 to assess health care capacity and assure access, identify, and reduce barriers to health services.

Trends

Rural areas of Minnesota struggle with the recruitment and retention of dentists, physicians, and mental health workers. In addition to a medical shortage, SWHHS counties have been designated as underserved in dental and mental health fields.

How are we doing?

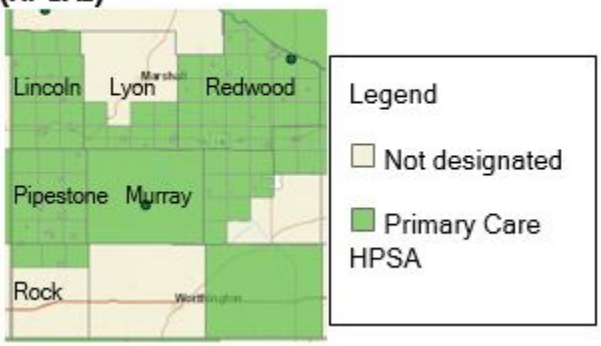
SWHHS oral health efforts are a part of a larger regional effort to educate and create access to primary and specialized dental care for underserved populations in Southwest Minnesota.

SWHHS is actively involved with the SW Early Childhood Dental Network (ECDN), which is a network of early childhood, Public Health, schools, and organizations throughout Southwest Minnesota who are engaged in addressing oral health needs for young children ages five and younger.

Another project Southwest Health and Human Services has been actively involved in is the MN Oral Health Project. The MN Oral Health Project is a collaboration between the University of Minnesota and the Lions of Multiple District 5M. Their mission is to increase public awareness of the caries crisis that is affecting high risk children, improve access to early caries preventative services through training and support for medical and dental providers and to educate caregivers about healthy dental practices. Their primary focus is the education of caregivers for children aged range birth through six in greater MN.

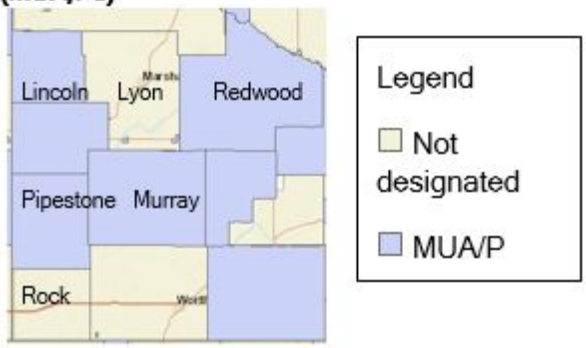
Finally, SWHHS has partnered with other service providers such as Open Door, Children's Dental Network (CDN) and Caring Hands to provide services in our area.

Health Professional Shortage Area-Primary Care (HPSAs)



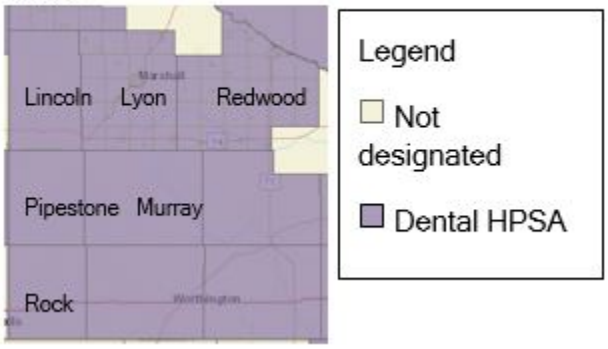
Health Resources & Services Administration (21)

Medically Underserved Areas/Populations (MUA/Ps)



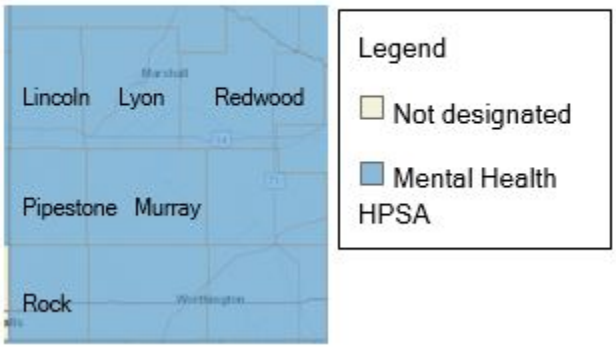
Health Resources & Services Administration (21)

Health Professional Shortage Area-Dental Health



Health Resources & Services Administration (21)

Professional Shortage Area-Mental Health



Health Resources & Services Administration (21)

BIRTH DEFECTS INFORMATION SYSTEM/EARLY HEARING DETECTION INTERVENTION (BDIS/EHDI)

MDH staff work in partnership with SWHHS staff to assure that all babies are screened for hearing at birth, rescreened as necessary before one month of age, diagnosed by three months

of age and receiving appropriate services by six months of age. Follow-up is conducted through the EHDI tracking and surveillance system.

Additionally, SWHHS staff are notified by MDH of children born with birth defects. A public health nurse will contact the family and provide an assessment, offer referrals to services in the area, and answer questions a family may have.

Why is it important?

One in every 350 babies is born deaf or hard of hearing and one in every 33 babies is born with a birth defect in Minnesota each year. (14) Early identification of children with hearing loss and birth defects contributes to improved outcomes. SWHHS staff help provide connections to appropriate services such as early intervention, medical home, personal care assistance, Ear Nose and Throat, ophthalmology, and genetics evaluations.

What is the county's role?

By providing this assessment and referral program, the best outcomes possible can be achieved for children with hearing loss and birth defects. This program is partially funded by federal and state dollars.

How are we doing?

Annual Count of EHDI/BDIS Client Assessments for SWHHS

	2013	2014	2015	2016	2017
Birth Defect Assessments	5	10	3	16	12
Hearing Loss Assessments	8	15	11	3	7

CHILD AND TEEN CHECKUPS PROGRAM (C&TC)

Child and Teen Checkups (C&TC) program provides outreach, education, and assistance to families with children ages zero through 20 enrolled in Medical Assistance and MNCare. SWHHS staff help families find medical and dental providers along with assistance in organizing transportation and interpreters as needed and by sending reminder letters and calling families according to Minnesota C&TC periodicity schedule. In addition, SWHHS provides outreach and education to over 140 medical providers, often serving as a liaison between MDH and medical providers.

Why is it important?

C&TC helps families know when to take their child to a health or dental screening. These screenings look for potential health issues or child development flags so early treatment can begin to give the child the best possible health outcome. During the health visit, practitioners

screen the child on hearing, vision, social-emotional development, lead exposure, anemia, growth and development among other screenings as age appropriate. During the health and dental screenings, education is provided to help foster good health habits. (22)

What is the county's role?

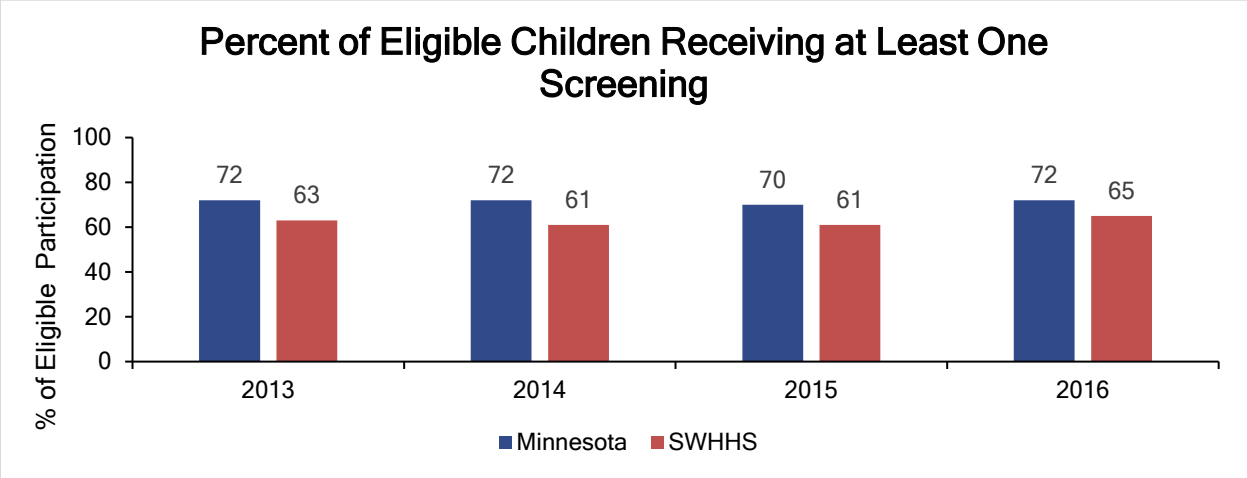
C&TC is a grant program through the Federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and Minnesota. By providing this program, children and families receive reminders about when they should be taking their child in for health screenings. Parents are sent age appropriate health information along with help finding transportation and a provider, if necessary. In 2017, there were 10,236 active children in C&TC program.

Trends

The number of active children enrolled in the C&TC program has gone up steadily since 2013.

How are we doing?

In 2017, 65 percent of SWHHS children enrolled in the C&TC program received at least one screening. This number reflects health care access challenges in the southwest Minnesota region.



Source: Minnesota Department of Human Services. 2018. (22)

DENTAL VARNISHING

Tooth decay is one of the most preventable diseases in children. Children as young as six months (first tooth eruption) to 18 months can get cavities. Cavities in baby teeth can cause pain and prevent children from being able to eat, speak, sleep and learn properly. Dental varnish is a treatment to help prevent tooth decay, slow it down, or stop it from getting worse. Fluoride varnish is made with fluoride, which is applied directly to the teeth. Fluoride is a mineral that can strengthen tooth enamel, which is the outer coating on teeth.

Why is it important?

Many counties in the SWHHS service area are designated as dentally underserved. The dental shortage is at a crisis level for people that are low income, as many dental providers will not take clients that have Medical Assistance or Prepaid Medical Assistance. Because of these contributing factors, in 2012 SWHHS added a dental varnishing program as a way to educate and provide a preventative dental varnish treatment to young teeth.

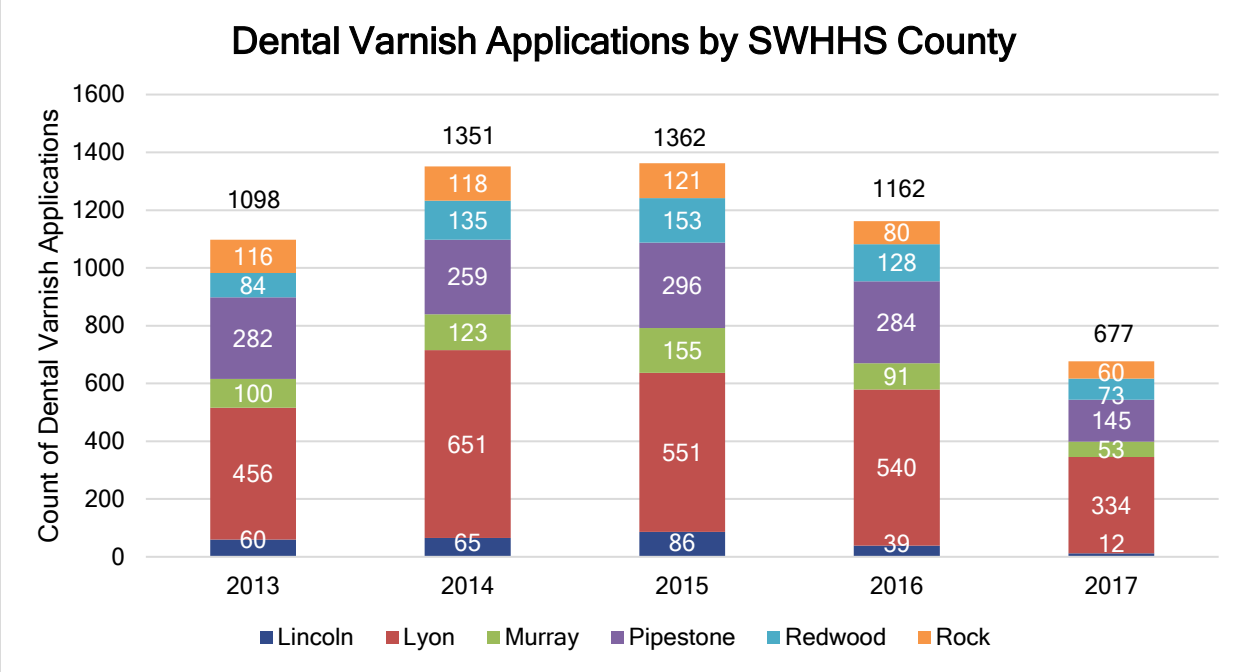
What is the county's role?

As service gaps develop, it is the county's role to advocate for vulnerable populations and provide access as necessary to mitigate the impact of those gaps. Children are referred to dental providers, but many times this includes extensive travel to find providers who accept Medical Assistance.

Trends

There has been a push at the state and local level to provide dental varnishing during well child checkups and in the school setting, which has lowered the overall number of clients varnished. In 2017, SWHHS applied 677 varnish applications through WIC clinics.

How are we doing?



BUSINESS SERVICES

FISCAL SERVICES

Fiscal services provides administrative support, direction, and oversight for all Health and Human Services financial operations. The Fiscal Manager works closely with the director, Division Directors, and supervisors in preparing the annual budget and other complex reports for various departments and outside agencies. Fiscal Officers and accounting staff are responsible for processing numerous payments to vendors using various systems, in addition to billing for services provided and tracking agency activities to promote revenue enhancement. The Collection Officer is responsible for collecting funds from overpayments made of public assistance programs and Medical Assistance funds from the estates of deceased MA recipients. Both efforts require close collaboration with county administration, the county attorney, the Department of Human Services, local nursing homes, funeral homes, and banking institutions.

Why is it important?

The Health and Human Service agency has been challenged by reduced funding during times of increased demand for services in the past few years. Despite year-to-year variations, the agency can expect to see a continued decrease in funding from the state and an increase in the financial obligations given to the organization. SWHHS agency's fiscal goal is to focus on providing services in an efficient and cost effective manner while enhancing efforts to capture revenue from current sources and develop new revenue sources when possible. The fiscal department's role in this effort is to provide stable revenue streams so the agency is able to properly serve the residents of our counties and support the mission of the agency.

What is the agency's role?

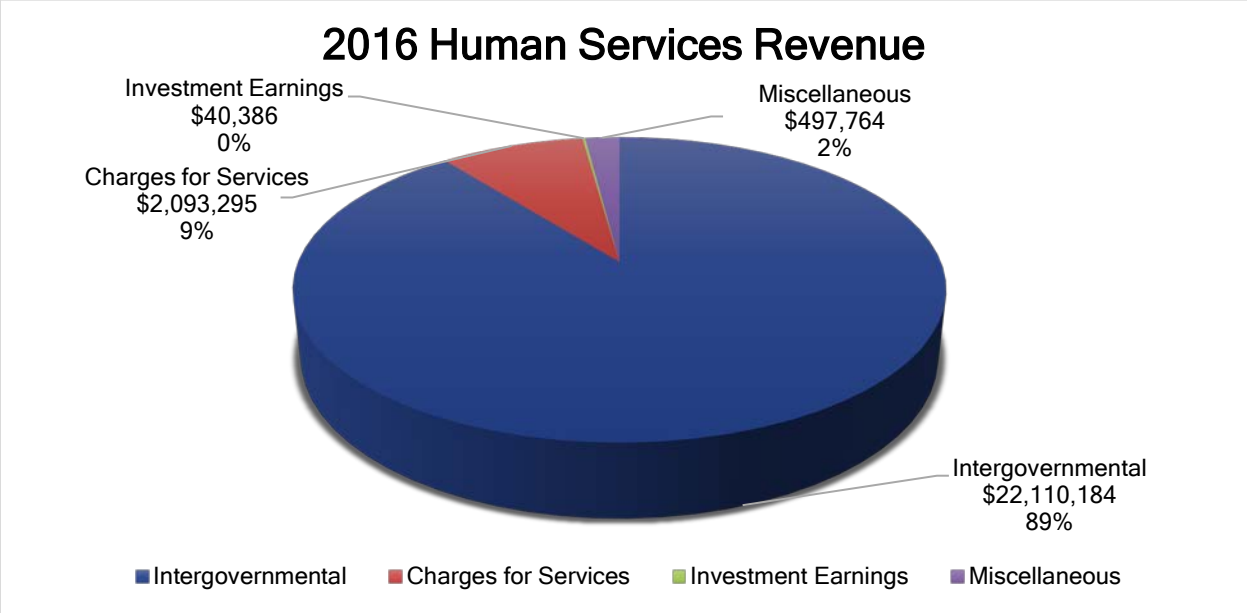
Minnesota has a state supervised county administered social service system. There are strict reporting requirements for data collection by the state. The unit is required to submit timely revenue and expenditure reports to the Department of Human Services (DHS) and the Department of Health (MDH) who, in turn, produce timely outputs for use by the counties, state agencies, and the legislature.

Trends

County agencies are experiencing programmatic cost shifts, for example Adult and Children's Mental Health legislation, from a state level to a more local level-funding model. The agency has made a diligent effort to refine its budget by implementing cost saving measures, such as centralized office supply ordering and increase revenue generation by implementing 100 percent social services time reporting. A constant goal is to continually search for non-traditional revenue sources to supplement increasing service costs.

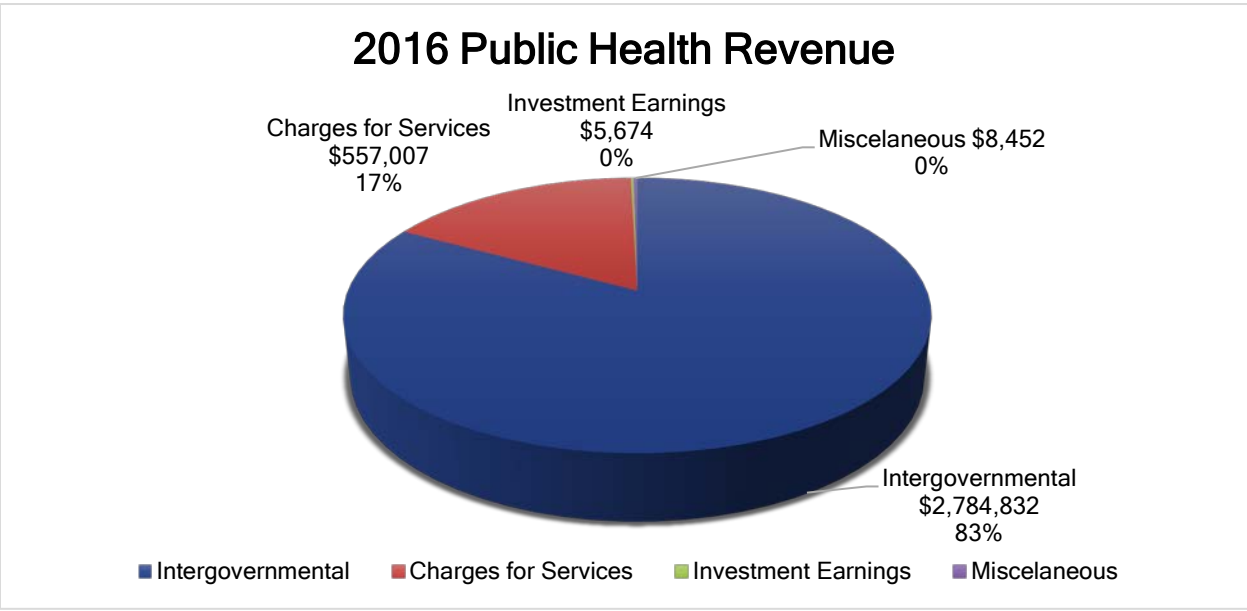
How are we doing?

Audited financial results for 2017 were not completed in time to be included in this publication.



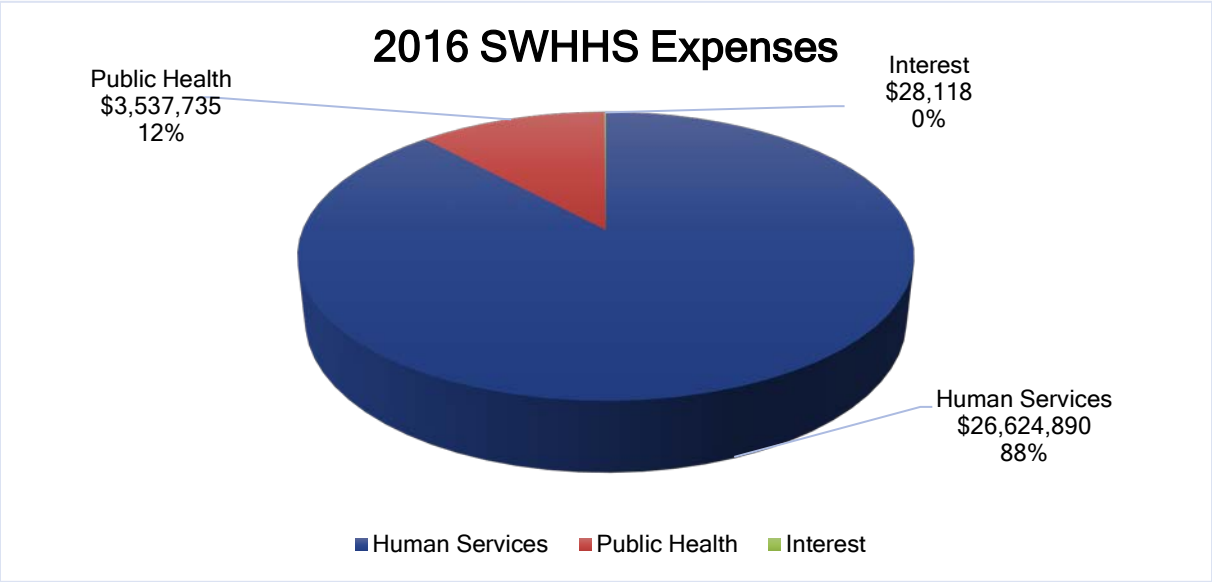
Human Services Revenue Budgeted VS Actual

Human Services	Budgeted Amount	Actual Amount
Intergovernmental	$ 21,639,448	$ 22,110,184
Charges for Services	$ 1,934,500	$ 2,093,295
Investment Earnings	$ 67,000	$ 40,386
Miscellaneous	$ 568,700	$ 497,764



Public Health Revenue Budgeted VS Actual

Public Health	Budgeted Amount	Actual Amount
Intergovernmental	$ 2,978,278	$ 2,784,832
Charges for Services	$ 625,695	$ 557,007
Investment Earnings	$ 3,000	$ 5,674
Miscellaneous	$ 0	$ 8,452



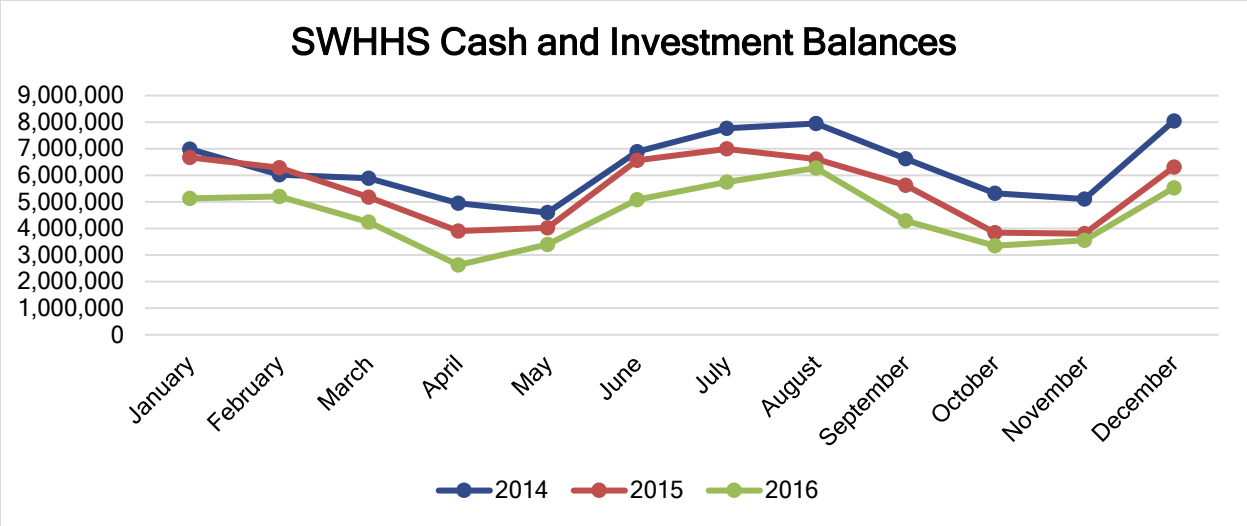
SWHHS Budget VS Actual Expenditures

	Budgeted Amount	Actual Amount
Human Services	$ 24,851,748	$ 26,624,890
Public Health	$ 3,607,773	$ 3,537,735
Interest	$ 0	$ 28,118

Total SWHHS Monies

	January	February	March	April	May	June	July
2014	$6,981,225	$6,024,758	$5,889,424	$4,951,093	$4,596,515	$6,893,383	$7,769,372
2015	$6,677,478	$6,283,515	$5,177,700	$3,907,689	$4,019,147	$6,560,423	$6,992,523
2016	$5,132,902	$5,204,953	$4,246,694	$2,626,629	$3,394,917	$5,088,798	$5,750,966

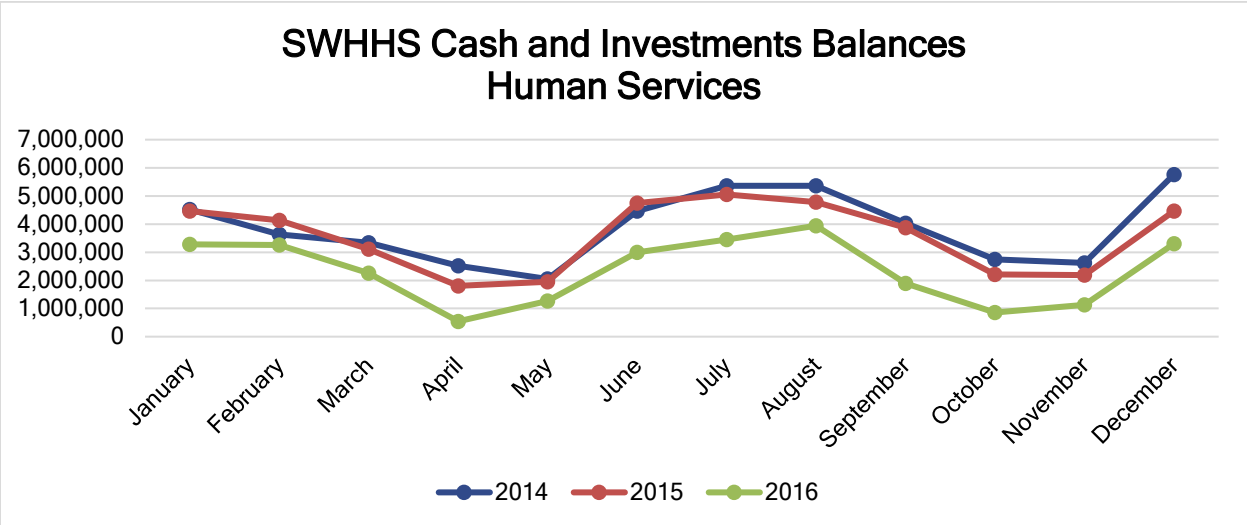
	August	September	October	November	December	Average for Year
2014	$7,943,229	$6,629,326	$5,325,639	$5,113,269	$8,050,538	$6,347,314
2015	$6,614,414	$5,631,268	$3,840,913	$3,805,455	$6,311,344	$5,485,156
2016	$6,275,435	$4,290,910	$3,346,310	$3,560,417	$5,533,702	$4,537,719



SWHHS Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July
2014	$4,524,112	$3,629,626	$3,337,291	$2,518,146	$2,049,973	$4,463,844	$5,363,273
2015	$4,463,245	$4,128,666	$3,114,956	$1,805,843	$1,948,746	$4,743,406	$5,052,793
2016	$3,281,408	$3,262,674	$2,255,798	$544,626	$1,271,340	$2,991,321	$3,454,356

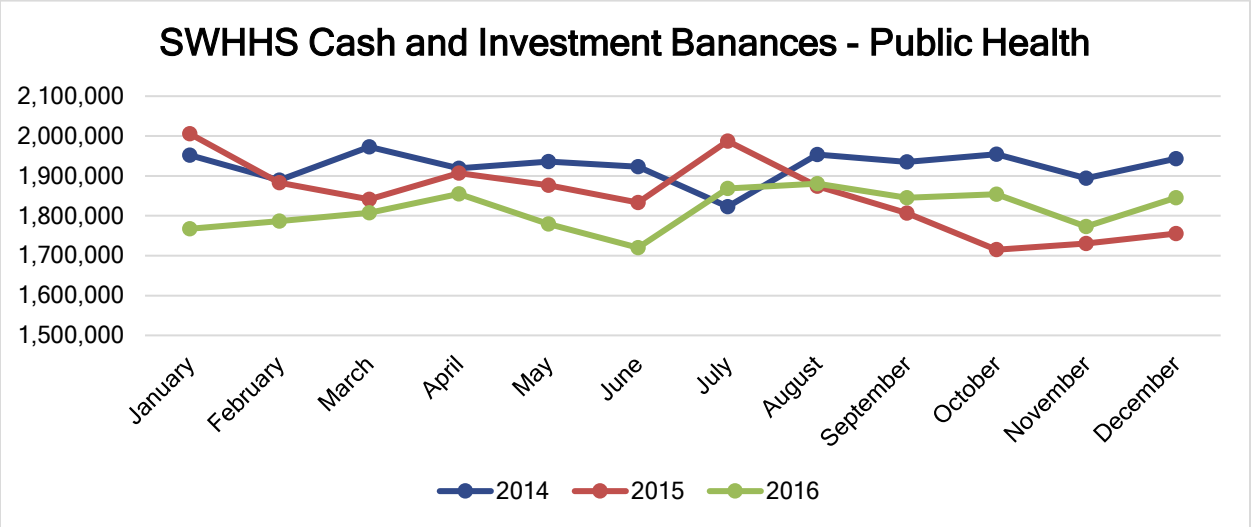
	August	September	October	November	December	Average for Year
2014	$5,365,874	$4,025,227	$2,740,776	$2,617,746	$5,760,213	$3,866,342
2015	$4,776,069	$3,868,017	$2,206,083	$2,192,119	$4,467,384	$3,563,944
2016	$3,941,450	$1,888,675	$854,465	$1,125,562	$3,301,842	$2,347,793



SWHHS Total Cash and Investment Balance by Month – Public Health

	January	February	March	April	May	June	July
2014	$1,952,348	$1,889,115	$1,972,829	$1,919,041	$1,935,611	$1,923,131	$1,822,890
2015	$2,005,575	$1,882,682	$1,841,150	$1,906,755	$1,876,427	$1,832,808	$1,987,157
2016	$1,767,113	$1,786,986	$1,807,700	$1,854,930	$1,779,529	$1,719,936	$1,868,440

	August	September	October	November	December	Average for Year
2014	$1,953,891	$1,934,989	$1,954,397	$1,894,110	$1,942,821	$1,924,598
2015	$1,874,490	$1,806,827	$1,714,863	$1,730,381	$1,755,463	$1,851,215
2016	$1,880,565	$1,844,832	$1,854,297	$1,772,887	$1,845,354	$1,815,214



HUMAN RESOURCES

Within Southwest Health and Human Services (SWHHS), there is a Human Resources department of two staff. The Human Resources department handles:

- Managing job recruitment, selection, and promotion
- Developing and overseeing employee benefits and wellness programs
- Developing, promoting, and enforcing personnel policies
- Promoting employee career development and job training
- Providing orientation programs for new hires
- Providing guidance regarding disciplinary actions
- Serving as a primary contact for work-site injuries or accidents

What is the department's role?

Human Resource's role is to facilitate the management and development of employees at SWHHS. It involves developing and administering programs designed to increase the effectiveness of the organization including the creation, management, and cultivation the employer-employee relationship. The role of human resources is to ensure that a company's

most important asset–its human capital–is being nurtured and supported through the creation and management of programs, policies, and procedures, and by fostering a positive work environment through effective employee-employer relations.

Trends

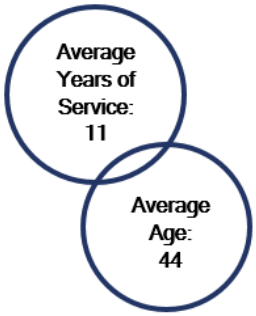
In 2017, the Human Resources department continued working towards making SWHHS a destination employer. SWHHS made sure it was hiring the most qualified employees, ensured the employee experience was a positive one, and pay and benefits were competitive. Some additional HR trends observed include the melding of five generations in the workplace, limited availability of qualified candidates for positions, training and retraining of staff with varying technological backgrounds, and connecting staff's role in the agency and their positive influence on the community.

How are we doing?

Since 2015, SWHHS has experienced growth in the number of staff. At the end of 2017, SWHHS had 247 staff. Positions vacated in late 2017 were not refilled and will be reevaluated for hire in the future. This will be dependent on the critical needs of units and SWHHS's financial status.

	2015	2016	2017
Count of Staff	220	234	247

SWHHS workforce is relatively equalized over three of the five generations. SWHHS has maintained this trend over the past few years. The average employee's age is 44 years with an average year of service at eleven years. The turnover rate for SWHHS is well under the industry standard of 16 percent nationwide in similar industries and the ideal healthy turnover percentage of 10 percent. The agency attributes this to providing a comprehensive salary and benefits package, flexibility of schedules, and meaningful work.



Since 2015, the Human Resources Department has tracked various employee activity for monitoring trends in hiring and turnover. In 2015, there were 27 separations with SWHHS, in which nine of them were retirements. In 2016, 19 staff had a status change in their titles due to job transfers or promotions within the agency.

SWHHS Human Resources Snapshot, 2015-2017

	2015	2016	2017
New Hires	37	36	13
Status Change (includes transfers, promotions, etc.)	9*	19	12
Separations	27	19	13
Positions Added	7	14	5
Positions Eliminated	0	1	0

* Starting tracking in May 2015

In 2017 by Division, Social Services employed the largest number of staff. Income Maintenance was second.

Shared Services:

- Human Resources
- IT
- Fiscal
- Administration
- Planning

Income Maintenance:

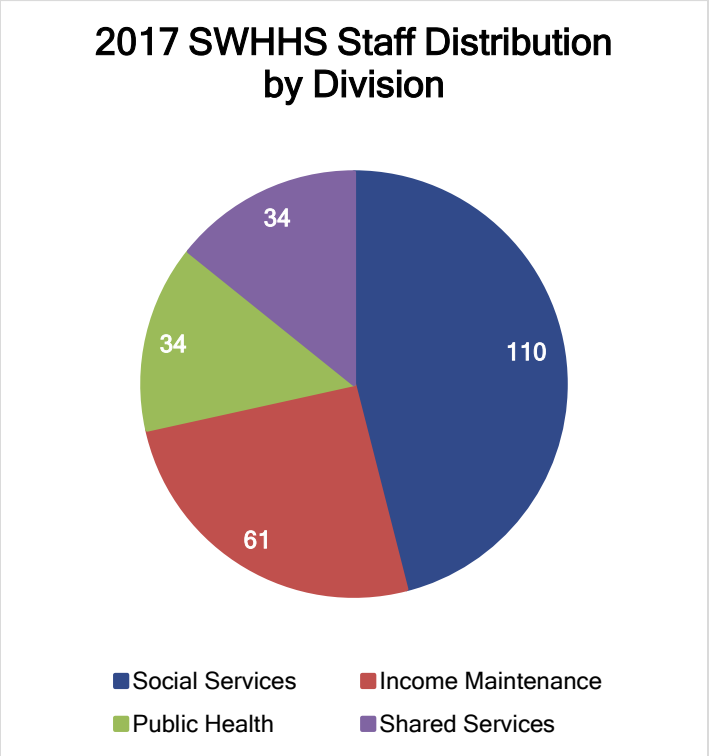
- Eligibility
- Child Support

Social Services:

- Children's
- Adults
- Circle

Public Health:

- Health Education
- Environmental Health
- Nursing Services



INFORMATION TECHNOLOGY

The Information Technology (IT) unit is responsible for implementing and managing information technology systems at Southwest Health and Human Services as well as Lincoln County.

Information Technology is utilized to:

- Provide technology to assist employees in delivering effective and efficient service to clients
- Provide technology to customers and the general public that will increase awareness and access to services and human services related information
- Unify service delivery
- Facilitate collaboration
- Provide technology to assist management in making informed decisions
- Create and maintain a secure infrastructure to protect client data per HIPAA standards

The team provides in-house expertise for troubleshooting and problem resolution for personal computer, voice communications, centralized IT, and telecommunication systems, video conferencing systems, network systems, security and data communications for agency,

development and maintenance of applications and web environments, coordination for IT purchases and initiatives, HIPAA compliance, management of database environments, electronic mail, calendars, and all related services.

The IT unit works towards leveraging common information technologies and common infrastructure to allow for data sharing and collaboration among units in SWHHS. This approach provides the dual benefit of making the operation more cost-effective while maximizing service access and delivery capability to clients and beneficiaries.

OFFICE SUPPORT

The Office Support Specialist (OSS) assists customers and staff by delivering the needed information for all application processing, and appointment and community referral information. They provide coordination of income maintenance, child support, social services and public health program delivery via telephone and face-to-face contact. The Office Support staff are the "gate-keepers" of the agency and know pertinent information on all of the programs and services, as well as staffing in each program area.

REFERENCES

1. **Bradford Health Services.** [Online] 2018. [Cited: September 13, 2018.] https://bradfordhealth.com/chemical-dependency/.

2. **Minnesota Compass.** Demographics. [Online] [Cited: September 13, 2018.] https://www.mncompass.org/.

3. **Minnesota Department of Health.** Local Public Health Act - Minn. Stat. § 145A Areas of Public Health Responsibility. [Online] [Cited: April 14, 2018.] http://www.health.state.mn.us/divs/opi/gov/lphact/phresponsibility.html.

4. **United States Department of Agriculture Food and Nutrtional Service.** Women, Infants and Children (WIC) . [Online] November 18, 2013. [Cited: May 3, 2018.] https://www.fns.usda.gov/wic/about-wic-how-wic-helps.

5. **Minnesota Department of Health.** Minnesota WIC Program Peer Programs: Southwest HHS WIC Peer Breastfeeding Support Program. St Paul : s.n., October 2017.

6. **CDC Task Force on Community Prevention Services.** First Reports Eveluating the Effectiveness of Strategies for Preventing Violence; Early Childhood Home Visitation. *MMWR.* October 3, 2003.

7. **Kitsman, H., Olds, D.L., et al.** Enduring Effects on Nurse Home Visitation on Maternal life Course: A 3-Year Follow-up of a Randomized Trial. *JAMA.* 1983-1989, April 19, 200, Vol. 284, 15.

8. **Isaacs, J.** *Cost Effective Interventions in Children.* Washington, D.C. : The Brookings Institution, 2007.

9. **Minnesota Department of Health .** Family Home Visiting Program. [Online] [Cited: June 8, 2018.] http://www.health.state.mn.us/divs/cfh/program/fhv/index.cfm.

10. **Minnesota Department of Public Safety.** Office of Traffic Safety; Safety Belts. [Online] 2017. [Cited: September 19, 2017.] https://dps.mn.gov/DIVISIONS/OTS/SEAT-BELTS-AIR-BAGS/Pages/default.aspx.

11. **Office of Traffic Safety.** 2014 CPS Booster Seat Survey. [Online] October 4, 2017. [Cited: October 20, 2017.] https://dps.mn.gov/divisions/ots/reports-statistics/Pages/default.aspx.

12. **Minnesota Department of Health.** Bending the Curve: Statewide Health Improvement Program Report 2012-2013. [Online] September 8, 2014. [Cited: May 4, 2018.] http://www.health.state.mn.us/divs/oshii/ship/docs/Bendingthecurve.pdf.

13. **The Montana Institute, LLC.** *Positive Community Norms: 2017 Pipestone Student Survey Key Findings Report.* 2017.

14. **Minnesota Department of Health.** Immunization Basics: Free or Low-Cost Shots for Children. [Online] March 16, 2018. [Cited: May 22, 2018.] http://www.health.state.mn.us/divs/idepc/immunize/howpay.html.

15. **Minnesota Department of Health**. Immunization Laws in Minnesota. [Online] March 22, 2018. [Cited: May 22, 2018.] http://www.health.state.mn.us/divs/idepc/immunize/laws/index.html.

16. **Minnesota Department of Health**. Refugee Health Statistics. [Online] October 26, 2017. http://www.health.state.mn.us/divs/idepc/refugee/stats/index.html.

17. **Minnesota Department of Health**. Refugee Health: About Our Work and Partners: Minnesota Refugee Health Screening Manual. [Online] May 29, 2018. [Cited: June 8, 2018.] http://www.health.state.mn.us/divs/idepc/refugee/backgrd.html.

18. **Minnesota Department of Health**. Minnesota Public Health Data Access: Radon. [Online] [Cited: June 25, 2018.] https://data.web.health.state.mn.us/radon.

19. **Local Public Health Association of Minnesota.** Minnesota Public Health Nuisance Handbook. [Online] January 1992. [Cited: June 25, 2018.] http://lpha-mn.org/publichealthnuisancehandbook/index.html.

20. **Minnesota Department of Health.** Health Alert Network. [Online] May 10, 2018. [Cited: May 10, 2018.] http://www.health.state.mn.us/han/.

21. **US Department of Health & Human Services.** HRSA Data Warehouse. *HPSA Find.* [Online] US Department of Health & Human Services, January 1, 2017. [Cited: February 14, 2017.] https://datawarehouse.hrsa.gov/Tools/MapTool.aspx?tl=HPSA&gt=State&cd=27&dp=PC#.

22. **Minnesota Department of Human Services.** Child and Teen Checkups. [Online] January 30, 2018. [Cited: June 11, 2018.] http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&Redirected=true&dDocName=id_000307.

23. **Minnesota WIC Program.** *Southwest Health and Human Services Peer Breastfeeding Support Program, Breastfeeding Initiation and Duration for Women Delivering During 2012.* s.l. : Minnesota Department of Health, December 2014.

24. **Minnesota Department of Health. Environmental Health Division.** [Online] [Cited: August 21, 2014.] http://www.health.state.mn.us/divs/eh/lead/reports/2013report.pdf.

25. **Center for Rural Policy and Development.** [Online] [Cited: August 20, 2014.] http://www.ruralmn.org/atlas-online/.

26. **Minnesota Department of Health and Healthy Minnesota Partnership.** Healthy Minnesota 2020: Statewide Health Improvement Framework. [Online] December 2012. [Cited: June 9, 2017.] http://www.health.state.mn.us/healthymnpartnership/hm2020/1212healthymn2020fw.pdf.

27. *AAP Reaffirms Breastfeeding Guidelines.* **American Academy of Pediatrics.** February 27, 2012.

28. **World Health Organization.** Health Topics: Breastfeeding. [Online] [Cited: June 6, 2017.] http://www.who.int/topics/breastfeeding/en/.

29. **Southwest Health and Human Services.** Nightingale Notes Query. 2018.

30. **Countryside Public Health.** *County Immunization Assessment Southwest Health and Human Services.* May 2018.

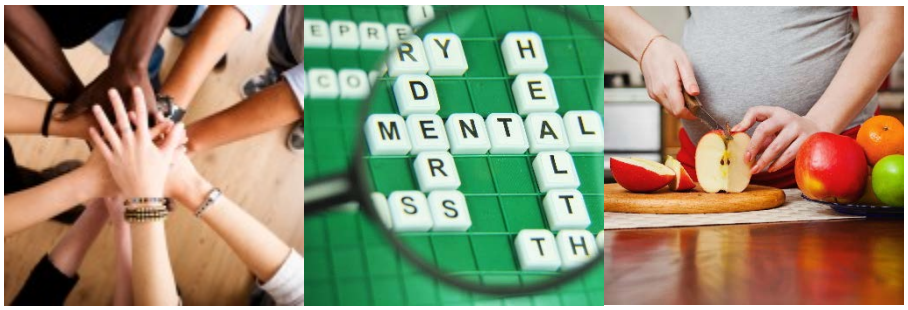
31. **Supporting Hands Nurse-Family Partnership.** Nightingale Notes System. 2018.

APPENDIX A:

SOUTHWEST HEALTH & HUMAN SERVICES

Southwest Health and Human Services Strategic Plan

2017-2020



12/31/2016

TABLE OF CONTENTS

Introduction 98
SWOC Analysis 99
Mission, Vision and Values Statements 100
Strategic Priorities 102
Implementation and Communication of Plan 103
Linkages 103
Utilization of the Strategic Plan 103
Appendix A 8

Southwest Health and Human Services Strategic Plan was approved and adopted on February 15, 2017 by the Southwest Health and Human Services Governing Board.

_____

Southwest Health and Human Services Governance Board Chair, Commissioner Rick Anderson-2017

This document will be reviewed annually at a SWHHS Board Meeting. An annual report will assess progress towards the goals and objectives set and show how targets are monitored.

Introduction

Southwest Health and Human Services (SWHHS) serves six counties in southwestern Minnesota under a joint-powers agreement. Within this overarching organizational structure, SWHHS provides all six counties with financial assistance, child support, social services and public health services.

As the agency reached the three-year marker as a six-county entity, board members and staff engaged in strategic planning in order to envision and articulate the way forward to a more fully integrated organization, equipped to meet the current and emerging health and human services needs of the communities served. The strategic plan intends to align and guide the work of the staff and board, as well as communicate to stakeholders the purpose, desired outcomes and strategies of the agency's work.

In August 2016, the Minnesota Department of Health (MDH) Nursing Consultants Linda Bauck-Todd and Brenda Menier met with a planning team of SWHHS board members and staff representatives to conduct a two-day strategic planning event. In preparation, a smaller planning team met to assess strengths, weaknesses, opportunities, and challenges (SWOC) and discuss the role of strategic planning amid other related planning efforts- such as Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Quality Improvement (QI) Plan.

The strategic plan includes these elements:

- Situation assessment (building on ideas already generated in the SWOC discussions);
- Mission (checking understanding and clarifying, if needed, of the SWHHS mission);
- 3-5 year vision (Description of desired outcomes); and
- 1-2 year strategies (initial approaches to accomplish the vision)

The strategic planning team included:

Board Members:

-Bob Moline, Murray County Commissioner

-Carol Flahaven, Redwood County Lay-Person

Executive Team:

-Chris Sorensen, Director of Health & Human Services

-Carol Biren, Public Health Division Director*

-Krista Kopperud, Health & Human Services Planner*

Supervisors:

-Kristin Deacon, Nurse Supervisor*

-Stacy Jorgenson, Social services Supervisor

Staff:

-Abby Stough, Social Worker

-Jodi Robinson, Human Resources Specialist I*

-Lori Wentzel, Public Health Nurse

-Sandy Isaackson, Social Work Team Leader*

-Cindy DeRycke, Accounting Technician

-Lisa DeBoer, Fiscal Officer

-Michelle Salfer, Public Health Program Specialist*

*Indicated small planning team membership

SWOC ANALYSIS

In August 2016, SWHHS staff were asked to participate in an SWOC analysis to get input on organizational strengths, weaknesses, opportunities, and threats. Data was gathered through sticky notes, written surveys, and facilitated discussion during the August Board Briefings in each office. The outcomes of this analysis were utilized during the "vision" discussion of the strategic planning retreat. A snapshot of the brainstorm session is listed below.

STRENGTHS:

- Passionate, talented staff with a wide range of expertise
- Specialized
- Large, multi-county agency with a growing number of staff to allow for program support/back-up
- Flexibility
- Opportunity for advancement
- Onboarding
- Recruitment of great staff
- Job Security/Financial Stability
- Opportunities for staff participation/committees
- Wellness Program
- History is meaningful
- Teamwork
- Innovation of new ideas
- Open Discussion
- Continued efforts toward positive change
- Each department has the flexibility to set up according to program needs (flex, hours)
- Cars
- New ideas/perspectives
- Remote working
- High level of service
- Leadership

WEAKNESSES:

- Insurance
- Distance
- Internal Communication
- External Communication
- Consistency
- Consistency in following policies
- Fluctuations of stability
- Staff retention
- Rules mandated by MDH/DHS/Federal
- Mission/Vision and Visibility of Leadership
- Program-specific training
- Supervision training
- Training, Communication, and Set-up for new staff
- Hard to know staff- large size of agency
- Not all offices are treated equally
- Perceived location workload differences
- Space
- Accountability

OPPORTUNITIES:

- Flexibility (work hours, part-time, etc.)
- Professional Advancement
- Continuing education opportunities for staff
- Gain/capture "new revenue"
- New grants
- Organizational Culture
- Open to change/feedback
- Improve IT capabilities
- Community Presence/Visibility/Education
- Improve new staff processes
- Understanding of each other's' role and location
- New ways to deliver programs and services
- Union/Admin Relationship
- Value both experienced and new staff
- Size
- Improve programs from "good" to "great"
- Leverage for Programs

CHALLENGES:

- Space
- Large geographic area
- Technology
- Rural practice (service delivery in rural)
- Economy of counties
- Unstable funding sources
- Insurance costs
- Requiring staff to take insurance
- Safety concerns
- Demographic changes in our region
- Lack of service providers
- Qualified applicants for positions
- Ability to negotiate location
- People not having an open mind to change
- Trying to make everyone happy
- Trust
- Pay compression
- Incentives to keep long-term staff
- Federal political environment
- Inconsistencies

Based on the September 2016 discussion, the following additions were made to the SWOT:
- Weaknesses and Challenges: Internal communication and the high cost of health insurance.
- External Trends/Events or Factors Impacting the Organization: Demographic changes and the impact on customer service and making all clients comfortable, the growing elderly population asking, "How do we prepare?"

MISSION, VISION AND VALUES STATEMENTS

The Southwest Health and Human Services Board adopted the SWHHS mission statement in January 2013. Discussion on the mission statement was held with topics ranging from capturing the multi-county identity, is our main mission to be cost effective, and how the current mission was developed. Multiple versions of the mission statement were developed and brought to the SWHHS staff for a vote by survey. There was a tie between the current and one other mission statement. The information was brought to the executive team where it was decided to leave the mission statement in its current form.

MISSION

Southwest Health and Human Services is a multi-county agency committed to strengthening individuals, families, and communities by providing quality services in a respectful, caring, and cost-effective manner.

GUIDING PRINCIPLES/VALUES

Along with the mission, values describe how the organization operates; they are the underlying assumptions of the work. Our shared values guide our actions and how we interact with our colleagues, clients, and community partners. These are essential as we strive to be an Agency of Excellence. Southwest Health and Human Services went through a comprehensive Values Activity in October and November 2016 to identify their core values, and these six emerged.

RESPECT

We treat people with dignity and consideration, and we listen openly to integrate a variety of perspectives and create environments that foster trust.

HONESTY

We are truthful and responsible in our interactions with the public and each other. We demonstrate compassion, acceptance, and will safeguard dignity and confidentiality.

TRUST

We are people of character and integrity who keep our word and honor our commitments, resulting in a safe environment for staff and clients.

COMMUNICATION

We engage in timely, responsive, effective, and open information sharing to improve our work and maintain our reputation as a trusted source for program and service delivery.

TEAMWORK

We are committed to common goals based on open and honest communication while showing concern and support for each other.

FLEXIBILITY

We are an organization willing to learn, create innovative ideas, and adapt to the ever-changing environment while striving for a healthy work-life balance.

VISION

The participants drafted a vision for the agency, first responding to the question, "Keeping in mind the assessment conclusions and mission, what does SWHHS envision within the community and/or organization as a result of the work in the next 3-5 years?" They then identified and named the major elements of the vision. The lists below include the vision element name, definition of the vision elements, offered by the group to describe the overall intent of each vision element, and a table of brainstormed ideas, which represent individuals' original ideas offered for discussion.

VISION ELEMENTS

Nine vision elements with descriptions are listed below. The phrases strong, healthy communities, and safe communities were pulled out of the brainstormed ideas to be used as some overall outcome ideas for the visioning process.

EMPLOYER OF CHOICE:

SWHHS is an employer of choice by having happy staff and a positive workplace. Staff administration and the Board are committed to the agency mission and have a trusting working relationship beyond the workplace. Employees feel valued and appreciated. Agency flexibility and promoting wellness allow for a positive atmosphere and healthy work-life balance.

FOCUS ON PREVENTION:

Focusing on preventative measures will enhance the well-being of the individual, family and community while decreasing future societal and financial costs.

TOP NOTCH STAFF:

All employees will be well trained through mentorship and evidence based trainings, which will lead to subject matter experts, well-rounded, knowledgeable and experienced staff. The agency values leadership development and encourages advancement opportunities.

STRONG COMMUNITY COLLABORATION:

SWHHS has a strong community presence known for being a leader in outreach, program development, and creating collaborative partnerships throughout the region. All staff have understanding of the scope and resources SWHHS offers, which maximizes resources and increases partnerships to better serve our community members.

FINANCIALLY STABLE:

Fully utilizing all available funds while actively seeking additional revenues to meet the needs of the community. Financial stability allows our agency to enhance services.

AGENCY OF EXCELLENCE:

An agency of excellence uses data to drive quality programs. Innovative ideas and evidence based information leads to efficient processes and enhanced programs and services.

WELL ROUNDED COMMUNICATION:

Open and clear communication leads to informed staff, administration, Board and communities. Good communication builds strong relationships, both internal among staff and external with those we serve and partners we collaborate with.

ROBUST/LEADING EDGE TECHNOLOGY:

Technology is utilized to its full potential in a reliable manner to support the staff, while creating efficiencies in work processes. Investing in future technology is vital to support service delivery in our large geographical area.

CUTTING-EDGE SERVICE DELIVERY:

Mindful, collaborative, and innovative service delivery that takes in account person-centered and community-driven needs based on social determinants that impact individual and community outcomes.

STRATEGIC PRIORITIES

The group brainstormed responses to the question, "What steps/actions need to take place in order to make the visions becomes reality?" The team identified ten strategy areas that would provide direction for the agency to follow over the next few years in working to achieve the vision of SWHHS. With the use of the dot exercise, the group prioritized the strategies by placing four dots on the strategies each individual felt were the most important to start working on. Below is the list of strategies in order of priority.

1) Enhance Staff Training
2) Advance Organizational Culture
3) Enrich Prevention Services
4) Maximize Agency Revenue
5) Communications
6) Use Data to Drive Decisions
7) Build Community Partnerships
8) Improve Access to Service
9) Increase Staff Capacity
10) Improve Effective Use of Technology

A small task-team of the overall Strategic Planning Team was assigned to review the strategies and develop goals, objectives, measures, and action plans for those identified as the top priorities for the agency. The top strategies included in the Strategic Plan include:

- Enhance Staff Training
- Advance Organizational Culture

- Enrich Prevention Services
- Maximize Agency Revenue
- Communication

See Appendix A for the action plans and implementation updates.

IMPLEMENTATION AND COMMUNICATION OF PLAN

The 2017-2020 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The strategic plan provides the organizational guideposts for SWHHS staff, partners, and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the three-year strategic plan occurs through the development and monitoring of the annual work plan. The executive team manages this process and oversees communication with agency staff and the SWHHS Governing Board.

LINKAGES

The *Minnesota Local Public Health Assessment and Planning Process* links the SWHHS Strategic Plan with the Community Health Improvement Plan (CHIP) and Quality Improvement Plan. One of the strategies identified during the SWHHS strategic planning process was Enrich Prevention Services. As a part of the implementation of the 2015-2019 CHIP, Heart Disease is being addressed by the implementation of prevention services through our ClearWay grant (tobacco prevention), Statewide Health Improvement Partnership (SHIP) funding, and Women, Infant, Children (WIC) breastfeeding initiation and support initiatives. Heart Disease was identified as one of the top health concerns for the six-county region during the 2014 Community Health Assessment process. The Quality Improvement (QI) Plan links directly to the strategic plan as Quality Improvement is integrated throughout the plan, as it is an important piece of creating a successful performance management system. As part of the performance management process, each SWHHS unit will identify at least one performance measure to work towards and report quarterly progress to the Executive Team and Quality Council. If adequate progress is not being made towards a measure, then the unit will incorporate quality improvement to help them reach their goal. By implementing continuous quality improvement, SWHHS units will be creating a culture of QI and performance management.

UTILIZATION OF THE STRATEGIC PLAN

Strategic planning teams have been created to help the agency to meet the goals and objectives of the Strategic Plan. Each Strategic Planning team creates their own action plan and implements and tracks their progress towards the goals of the plan. As part of the Quality Improvement process of the agency, each team gives quarterly updates to the Quality Council, who monitors the process of the plans.

APENDIX B

ACRONYMS USED AT SOUTHWEST HEALTH AND HUMAN SERVICES

AA	Affirmative Action/Alcoholics Anonymous
AAA	Area Agencies on Aging
AAR	After Action Report (Emergency Preparedness)
ABAWD	Able-Bodied Adults without Dependents
AAP	Affirmative Action Plan
AC	Alternative Care
ACA	Affordable Care Act
ACG	Alternative Care Grants
AC/EW	Alternative Care/Elderly Waiver
ACS	Alternative Community Based Services
ADA	Americans with Disabilities Act
ADR	Alternative Dispute Resolution
AD&D	Accidental Death & Dismemberment
ADEA	Age Discrimination in Employment Act
ADL	Activities of Daily Living
AFC	Adult Foster Care
AFSCME	American Federation of State, County, and Municipal Employees
AG	Attorney General
AIDS	Acquired Immunodeficiency Syndrome
AMH	Adult Mental Health
AP	Absent Parent
APS	Adult Protective Services
APTC	Advanced Premium Tax Credit
ASQ	Ages & Stages Questionnaire
ASQ-SE	Ages & Stages Questionnaire-Social/Emotional
ATOD	Alcohol, Tobacco, and Other Drugs
AWOL	Absent without Leave
BC	Birth Certificate
BFOQ	Bona Fide Occupational Qualification
BI	Brian Injury
BRACT	Buffalo Ridge Assertive Community Treatment
BRS	Benefit Recovery Section
BSF	Basic Sliding Fee
CA	Cash Assistance
CAC	Community Alternative Care

CADI	Community Access for Disability Inclusion
CAF	Combined Application Form
CAMP	Community Alternative Medical Programs
CAP	Community Action Program Agencies
CBHH	Community Behavioral Health Hospital
CC	Care Coordination
CCAP	Child Care Assistance Program
CCF	Child Care Fund
CCRR	Child Care Resource and Referral
CD	Chemically Dependent
CDC	Centers for Disease Control and Prevention
CDCS	Consumer Directed Community Supports
CEI or CEHI	Cost Effective Health Insurance
CEU	Continuing Education Unit
CFC	Child Foster Care
CFR	County of Financial Responsibility
CGSP	Caregiver Support Project
CHAMP	Community and Home Health Agency Management Program
CHAMPUS	Civilian Health & Medical Program of the Uniformed Services
CHB	Community Health Board
CHCO	Children's Home Care Option
CHIPS	Child in Need of Protection Services
CHP	Children's Health Plan
CHS	Community Health Service
CISM	Critical Incident Stress Management Team
CLT	Community Leadership Team
CM	Case Management/ Combined Manual
CMH	Children's Mental Health
CMS	Center for Medicaid and Medicare Services
COC	Certificate of Coverage
COR	County of Residence
COS	County of Service
COBRA	Consolidated Omnibus Budget Reconciliation Act
COLA	Cost of Living Adjustment
CP	Child Protection/Custodial Parent
CRP	Competency Restoration Program
CS	Child Support
CSES	Child Support Enforcement
CSIS	Community Services Information System
CSG	Consumer Support Grant

CSO	Child Support Officer
CSP	Community Support Plan/Community Support Program
CSR	Cost Sharing Reduction
CSSP	Coordinated Services & Supports Plan
CSSA	Community Social Services Act of Minnesota
C&TC	Child and Teen Checkups
CTRS	Certified Therapeutic Recreational Specialist
CSIS	Community Services Information System
CSPC	Child Support Payment Center
CSSA	Community Social Services Act
CVS	Community Volunteer Service
CVT	Center for Victims of Torture
CW	Child Welfare
DA	Diagnostic Assessment
DAC	Day Activity Center/Disabled Adult Child
DD	Developmentally Disabled
DEA	Drug Enforcement Agency
DEED	Department of Employment and Economic Security
DF	Discretionary Fund
DHS	Department of Human Services
DHS SIR	DHS Systems Information Resource
DME	Durable Medical Equipment
DOC	Difficulty of Care/Department of Corrections
DOL	Department of Labor
DP	Data Processing
DP&C	Disease Prevention and Control
DPA	Minnesota Data Privacy Act
DRG	Diagnosis-Related Group
DRS	Department of Rehabilitation Services
DSD	Disability Services Division
DSM-5	Diagnostic & Statistical Manual of Mental Disorders
DTH	Day training and Habilitation
DV	Domestic Violence
DWP	Diversionary Work Program – Short term program for families who are working or looking for work, but need help with basic living expenses
EA	Emergency Assistance
EAP	Employee Assistance Program/ Energy Assistance Program
EBT	Electronic Benefit Transfer
ECFE	Early Childhood Family Education
ECHO	Emergency and Community Health Outreach

ECP	Essential Community Providers
ECS	Early Childhood Screening/Essential Community Supports
ECSE	Early Childhood Special Education
ECSU	Education Cooperative Service Unit
ECSS	Economic and Community Support Strategies
EDMS	Electronic Document Management System
EE	Employee
EEG	Exercise Evaluation Guide
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
EF	Enhanced Funds
EGA	Emergency General Assistance – Short term help for people in crisis (fire, eviction, illness, theft, loss of job, utility shut-off, etc.) on General Assistance (GA)
EHDI	Eliminating Health Disparities Initiative/Early Hearing Detection & Intervention
EIC	Earned Income Credit
EIIF	Employer Insurance Information Form
EMA	Emergency Medical Assistance
EMS	Emergency Medical Services
EMSA	Emergency Minnesota Supplemental Aid – SEE ABOVE only on MSA or GRH
EOB	Explanation of Benefits
EOC	Emergency Operation Center
EOI	Evidence of Insurability
EOM	End of Month
EOMB	Explanation of Medicare Benefits
EP	Employment Pay
EPA	Equal Pay Act
EPC	Emergency Protective Care Hearing
EPD	Employed Persons with Disabilities
ER	Eligibility Review
ES	Employment Services
ESI	Employer-Subsidized Insurance
ESL	English as a Second Language
EW	Elderly Waiver/Eligibility Worker
FA	Functional Assessment
FAE	Fetal Alcohol Effects
FAP	Follow Along Program
FAS	Fetal Alcohol Syndrome
FBS	Family Based Services
FC	Foster Care
FCC	Family Child Care

FCSS	Family Community Support Services
FFP	Federal Financial Participation
FFS	Fee For Service
FGDM	Family Group Decision Making
FHV	Family Home Visiting
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FNS	Food and Nutrition Service
FOCUS	Southwest Health and Human Services Supervisor Team
FPL	Food Pools and Lodging
FPI	Fraud Prevention Investigations
FPSP	Family Planning Special Projects
FROI	First Report of Injury
FSA	Flexible Spending Account (Healthcare)
FSG	Family Support Grant
FPG	Federal Poverty Guidelines
FPI	Fraud Prevention Investigator
FS	Food Support (formerly known as food stamps)
FSC	Family Service Collaborative
FSET	Food Stamp Employment & Training
FT	Fulltime
FTE	Full Time Equivalency
FW	Financial Worker
FY	Fiscal Year
GA	General Assistance – Monthly cash program for people who are unable to work or get help from other state or federal programs to use for food, housing & basic needs.
GAL	Guardian Ad Litem
GED	General Education Diploma
GIT	Gross Income Test
GRH	Group Residential Housing – Monthly payment for room & board for people who cannot live in their own home.
HAN	Health Alert Network
HC	Home Care
HCAPP	Health Care Application
HCBS	Home & Community Based Services (Waiver Services)
HCNC	Home Care Nurse Consultant
HCPCS	Health Care Procedure Code System
HH	Household
HHA	Home Health Aid
HHS	Health and Human Services

HIPAA	Healthcare Insurance Portability and Accountability Act of 1996
HM/HB	Healthy Mothers/Healthy Babies
HMG	Help Me Grow
HMO	Health Maintenance Organization
HR	Human Resources, Human Resource
HRF	Household Report Form
HP&E	Health Promotion & Education
HRSA	Health Resources and Services Administration
HSA	Health Savings Account
HSEEP	Homeland Security Exercise and Evaluation Plan
IAP	Insurance Affordability Programs
IAPM	Insurance Affordability Programs Manual
IB	Instructional Bulletin
IC	Incident Report
ICD-9-CM	International Classification of Diseases 9th Edition Clinical Modification
ICD-10-CM	International Classification of Diseases 10th Edition Clinical Modification
ICF	Intermediate Care Facility
ICF/DD	Intermediate Care Facility for Developmental Disability
ICP	Individual Care Plan
ICSP	Individual Community Support Plan
ICS	Incident Command System
ID	Identification/Intellectual Disability
IEIC	Interagency Early Intervention Committee
IEP	Individual Education Plan
IEVS	Income and Eligibility Verification System
IFSP	Individual Family Service Plan
HIS	Indian Health Services
ILS	Independent Living Skills
IM	Income Maintenance
IMD	Institute for Mental Disease
INS	Immigration and Naturalization Services
IOC	Issuance Operation Center
IPI	Immunization Practice Improvement (Program)
IR	Income Review
IRS	Internal Revenue Service
IRTS	Intensive Residential Treatment Services
ISP	Individual Service Plan
ITA	Intent to Apply (also known as Request to Apply)
IV-A	TANF (Temporary Assistance for Needy Families) Title of the Social Security Act
IV-D	Child Support

IV-E	Foster Care Title of the Social Security Act
JACHO	The Joint Commission on Accreditation of Healthcare Organizations
JAS	Job Action Sheet
JITT	Just-in-time Training
KSA	Knowledge, Skills, or Abilities
LCP	Licensed Consulting Psychologist
LCTS	Local Collaborative Time Study
LE	Law Enforcement
LEP	Limited English Proficiency
LL	Landlord
LOA	Leave of Absence
LOC	Level of Care
LOCUS	Level of Care Utilization System
LPH	Local Public Health
LPHA	Local Public Health Association
LPN	Licensed Practical Nurse
LPR	Lawful Permanent Resident
LSW	Licensed Social Worker
LTC	Long-term Care
LTCC	Long-term Care consultation
LTD	Long Term Disability
LTSS	Long Term Services and Supports
LWOP	Leave without Pay
MA	Medical Assistance – Federal program to assist with medical bills. Can coordinate with MFIP.
MAARC	Minnesota Adult Abuse Reporting Center
MA-BC	Medical Assistance for Breast and Cervical Cancer
MA-EPD	Medical Assistance for Employed Persons with Disabilities - Based on income with monthly premium paid.
MAPCY	Minnesota Assessments of Parenting for Children & Youth
MA-PW	Medical Assistance – Pregnant Women
MAXIS	MN DHS Income Maintenance Information System
MCH	Maternal and Child Health
MCHA	Minnesota Comprehensive Health Association
MCHSP	Maternal and Child Health Special Projects
MCO	Managed Care Organization
MCRE	Minnesota Care (systems abbreviation)
MCSO	Minnesota Child Support Online
MD	Doctor of Medicine
MDH	Minnesota Department of Health

MDS	Mass Dispensing Site
MEC2	Minnesota Electronic Child Care System
MECLA	Marshall East Campus Learning Alternatives
METS	Minnesota Eligibility Technology System
MFIA	Minnesota Fraud Investigator's Association
MFIP	Minnesota Family Investment Program (used to be AFDC) - Monthly cash program for low-income families & pregnant women.
MFPP	Minnesota Family Planning Program – Health care program that cover family planning services & related supplies. Cannot be on any other MN health care plan.
MFSRC	Minnesota Family Support & Recovery Council
MH	Mental Health
MHCM	Mental Health Care Management
MHCP	Minnesota Health Care Program
MI	Mentally Ill
MMIS	Minnesota Medicaid Management Information System
MNCARE (MCRE)	Minnesota Care – State & federal program for people who do not have medical insurance. A monthly premium is paid.
MOM	Minnesota Operations Manual
MPET	Major Program Eligibility Type
MRC	Medical Reserve Corps
MR-RC	Mental Retardation or Related Conditions
MSA	Minnesota Supplemental Aid – Monthly cash program for people whose disability, retirement or other income is not enough to cover their expenses. Must be eligible for Supplemental Security Income (SSI).
MSCHN	Minnesota Services for Children with Health Needs
MSHO	Minnesota Senior Health Options
MSSA	Minnesota Social Service Association
MSQ	Medical Service Questionnaire
NADA	National Automobile Dealers Association
NCAST	Nursing Child Assessment Satellite Training
NCP	Non-Custodial Parent
NEO	New Employee Orientation
NF	Nursing Facility
NFP	Nurse Family Partnership
NH	Nursing Home
NHCC	New Horizon's Crisis Center
NIMS	Nation Incident Management System
NIOSH	National Institute of Occupational Safety and Health
NIT	Net Income Test
NLRA	National Labor Relations Act

NLRB	National Labor Relations Board
NMED	Noncitizens Medical Assistance
NPA	Non-Public Assistance
NPI	National Provider Identifier
OASIS	Outcome & Assessment Information Systems
OBRA	Omnibus Budget Reconciliation Act
OE	Open Enrollment for Benefits
OFP	Order for Protection
OHC	Other Health Coverage
OHI	Other Health Insurance
OHP	Out-of-Home Placement
OIG	Office of Inspector General
OSHA	Occupational Safety and Health Administration
OSS	Office Support Specialist
OT	Occupational Therapy
PA	Prior Authorization
PALP	Pipestone Active Living Partnership
PAS	Pre-admission screening
PASARR	Preadmission Screening/Annual Resident Review
PBSP	Peer Breastfeeding Support Program
PCA	Personal Care Attendant
PCOP	Personal Care Provider Organization
PDN	Private Duty Nursing
PDNPO	Private Duty Nursing Provider
PERA	Public Employees Retirement Act
PERM	Payment Error Rate Measurement
PET	Payment Eligibility Test
PH	Public Health
PHAB	Public Health Accreditation Board
PHI	Protected Health Information
PHN	Public Health Nurse
PHEP	Public Health Emergency Preparedness
PI	Policy Interpretation
PIC	Private Industry Council
PIN	Program Integrity Network
PIO	Public Information Officer
PIP	Performance Improvement Plan
PM	Performance Management, Project Management
PMAP	Prepaid Medical Assistance Program
PMI#	Person Master Index Number

PN	Personal Needs
PPO	Preferred Provider Organization
PT	Part-time
PTO	Paid Time Off
POS	Purchase of Service
PP	Permanency Planning
PSE	Policy, Systems and Environmental Change
PSOP	Parent Support Outreach Program
PSS	Preschool Screening
PT	Physical Therapy
PW	Pregnant Woman
PWE	Principle or Primary Wage Earner
PWH	PrimeWest Health
QA	Quality Assurance
QAR	Quality Assessment Review
QC	Quality Control/Quality Council
QDDP	Qualified Developmental Disability Professional
QI	Qualified Individual/Quality Improvement
QMB	Qualified Medicare Beneficiary
QMHP	Qualified Mental Health Professional
QMRP	Qualified Mental Retardation Professional
QWD	Qualified Working Disabled
R&B	Room & Board
RCA	Refugee Cash Assistance – Monthly cash payment or refugees & Asylees.
RCB	Regional Coordinating Boards
RCC	Regional Coordination Center
RDN	Regional Distribution Node
RMA	Refugee Medical Assistance – Federal program to assist refugees who cannot get MA with medical bills. Can also get RCA.
RMS	Rate Management System
RN	Registered Nurse
ROC	Regional Operations Center
ROI	Release of Information
ROP	Recognition of Parentage
RSDI	Retirement Survivor's Disability Insurance
RSS	Regional Services Specialist
RTC	Regional Treatment Center
Rule 25	Standard Chemical Dependency Assessment
RW	Return to Work
SA	Service Agreement/Service Arrangement

SAIL	Senior Agenda for Independent Living
SAPSNF	Statewide Average Payment to Skilled Nursing Facilities
SAVE	Systematic Alien Verification Entitlements
SCHSAC	State Community Health Services Advisory Committee
SEED	Skill Enhancement & Employee Development Program
SD	Screening Document
SDP	Senior Drug Program
SED	Severe Emotional Disturbance
SHIP	Statewide Health Improvement Partnership
SHNFP	Supporting Hands Nurse Family Partnership
SHRM	Society for Human Resources Management
SILS	Semi-Independent Living Services
SIRG	State Indoor Radon Grant
SLMB	Service Limited Medicare Beneficiary
SLS	Supported Living Services
SMRT	State Medical Review Team
SN	Skilled Nursing
SNAP	Supplement Nutrition Assistance Program
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
SOCS	State Operated Community Services
SOP	Standard Operated Procedures
SOS	Signs of Safety
SPCC	Southern Prairie Community Care
SPMI	Serious & Persistent Mental Illness
SRU	Special Recovery Unit
SS	Social Security
SSA	Social Security Administrator/Administration
SSAM	Security System Access Management
SSI	Supplemental Security Income
SSIS	Social Services Information System
SSN (SS#)	Social Security Number
STD	Short Term Disability
SVC	Stored Value Card (child support money is deposited onto this debit card)
SW	Social Worker
SWKR	Social Worker
SWCIL	Southwest Center for Independent Living
SWF	Social Welfare Fund
SWHHS	Southwest Health and Human Services
SWMHC	Southwest Mental Health Center

SW/WC/ECSU	Southwest/West Central Education Cooperative Service Unit
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TBI	Traumatic Brain Injury
TBIS	Traumatic Brain Injury Services
TCM	Targeted Case Management
TEFRA	For a child with a disability, the parent applies with a single worker unless the family members are already on assistance with a family worker. Needs only to fill paper work out for the child. The form they get is CAF I and CAFII (combined application).
TIS	Temporary Immediate Suspension (of license)
TMA	Transitional Medical Assistance
TPA	Third Party Administrator
TPL	Third Party Liability
TPLPC	Transfer of Permanent Legal and Physical Custody
TPR	Termination of Parental Rights
TPQY	Third Party Query (method of electronic verification of Social Security benefits)
TYE	Transitional Year Extended
TYMA	Transitional Year Medical Assistance
UC	Unemployment Compensation
UCAP	United Community Action Partnership
UI	Unemployment Insurance or Unearned Income
UIC	Unified Incident Command
USCIS	United States Citizenship & Immigration Service
VA	Veterans Administration
VEBA	Voluntary Employee Beneficiary Association
VMI	Vendor Manage Inventory
VPS	Vendor Payment Subsystem
WARN	Worker Adjustment and Retraining Notification Act
WB	Work Benefit
WBT	Web Based Training
WC	Workers' Compensation
WCA	Western Community Action (formerly WCA, now United Community Action Partnership)
WEF	Waiver Eligibility File
WIA	Workforce Investment Act
WIC	Women, Infants, and Children
WMHC	Western Mental Health Center
WRTC	Willmar Regional Treatment Center
WS	Waivered Services
XFER	Transfer

YTD Year-To-Date